

LAKE ORION DRAGON BANDS
MEDICINE AND ALLERGY INFORMATION

(Present this form along with labeled medications [prescription medicine in its pharmacy bottle] in a zip-lock bag to the designated medical bag parent)

Student: _____ Birthdate: _____

Primary Address: _____

Primary Phone: (_____) _____ Student Cell: (_____) _____

Parent(s): _____ Work: (_____) _____ Cell: (_____) _____

_____ Work: (_____) _____ Cell: (_____) _____

Emergency Contacts: *(not a parent listed above, not travelling with band)*

Name: _____ Relation: _____ Phone: (_____) _____

Name: _____ Relation: _____ Phone: (_____) _____

Medical Info- Please indicate if you child has any of the following conditions. Indicate on the backside of this page what action to take if aggravated while in the care of band personnel.

_____ Heart Trouble	_____ Seizures	Allergies: _____
_____ Bee Sting Allergy	_____ Hemophilia	Other: _____
_____ Penicillin Allergy	_____ Diabetes	Other: _____

Medication to be Dispensed: (please indicate the enclosed medication name & dosage schedule)

Recent Serious Illness: _____

DELEGATION OF PARENT/GUARDIAN CONSENT: While my child is in the care and custody of Lake Orion Bands, I hereby give consent 1) to any medical care, diagnosis, surgical procedure and/or other treatment of any type or nature; 2) to any dental procedure; 3) for admission to any hospital or medical center; 4) to the use of any medication, therapeutic devices, or items related to the child's health; 5) to the general power to authorize all acts with respect to my child's health and well being, and to expend all amount in connection therewith the same as I could do.

Signed: _____ Print Name: _____

Relationship to patient: _____ Address: _____

Telephone: (_____) _____ Effective Date: _____ to _____