

Brookwood Marching Band Health History

Brookwood Band Association, Inc. | Student Health History Form v2 - Offline Version

Your marcher's safety is our top priority. To ensure a safe band camp and marching season, this Health History form is required for all marching band participants prior to checking in for band camp. This information will be used during band camp and throughout the marching season.

How to complete this form: Fill it in on a computer (the fields are fillable) or print it and complete it in ink. Sign where indicated, attach any required copies (insurance card front and back, or the Self-Insurance Waiver), and return everything to the BBA Student Safety Committee. Health and safety questions: safety@brookwoodband.org. Registration information changes: tech@brookwoodband.org.

1. Marcher Information

Marcher Name (as registered) (Required)

Preferred First Name

If different from registered name

Date of Birth (Required)

MM / DD / YYYY

School Grade

Student Cell Phone Number (if applicable)

Must be the student's cell phone number. Do not enter a parent/guardian phone.

Last Tetanus Vaccine (Required)

☐ Never / Not Sure

☐ 10 Years

☐ 5 Years

☐ 1 Year or Less

2. Emergency Contact Information

Primary Contact (Required)

Name (Required)

Cell Phone (Required)

(###) ###-####

Email (Required)

Relationship (Required)

☐ Parent

☐ Guardian

☐ Step Parent

Secondary Contact (Required)

Name (Required)

Cell Phone (Required)

(###) ###-####

Email (optional)

Relationship (Required)

☐ Parent

☐ Guardian

☐ Step Parent

☐ Grand Parent

☐ Other

Additional Emergency Contact (Optional)

Name

Cell Phone

(###) ###-####

Relationship

☐ Parent

☐ Guardian

☐ Step Parent

☐ Grand Parent

☐ Other

3. Parental Informed Consent and Hold Harmless Release

Medical

I understand that participation in program activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Brookwood Band Association, Inc., Brookwood High School, Gwinnett County Public Schools, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the program activities from any and all claims or liability arising out of this participation. I authorize the sharing of health information that I have provided with appropriate program volunteers and health professionals who need to know of medical situations that might require special consideration for the safe conducting of program activities. In case of an emergency involving me or my child, I understand that every effort will be made to contact the parents or listed emergency contacts. In the event that these persons cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Talent

I hereby assign and grant to Brookwood Band Association, Inc. (hereafter "BBA") the right and permission to use and publish the sound recordings, video recordings, photographs or electronic representations made of my child in the course of the activities of Brookwood High School, Gwinnett County Public Schools and/or BBA, and I hereby release BBA, Brookwood High School and Gwinnett County Public Schools from any and all liability from such use and publication. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said sound recordings, video recordings, photographs or electronic representations without limitation at the discretion of BBA and I specifically waive any right to any compensation I may have for any of the foregoing.

Transportation

I grant permission for my child to travel and participate in any Brookwood Band related function. I further understand that transportation may or may not be provided by Gwinnett County Public Schools or by Brookwood Band Association, Inc., and that if not that it is my responsibility to secure transportation for my student to and from these events. By accepting this agreement I acknowledge that the time and location of these events will vary, and thus my permission for travel is not limited to specific times and/or dates.

☐ I accept the terms of the Parental Informed Consent and Hold Harmless Release and signify that the information provided on this form is correct to the best of my knowledge. (Required)

Parent / Guardian Signature (Required)

Printed Name (Required)

Date (Required)

MM / DD / YYYY

4. Marcher Health History

Is the student now being, or has the student ever been, treated for the following?

Check all that apply.

- | | | | |
|---|--|---|---|
| ☐ Asthma | ☐ Ear / Sinus | ☐ Fainting | ☐ GI |
| ☐ Diabetes | ☐ Musculoskeletal | ☐ Thyroid | ☐ Surgery |
| ☐ Hypertension | ☐ Menstrual | ☐ Kidney | ☐ Injury |
| ☐ Heart Concerns | ☐ Psychiatric / Emotional | ☐ Sickle Cell | ☐ Other Concerns |
| ☐ Stroke / TIA | ☐ Learning Disabilities | ☐ Seizures | |
| ☐ COPD | ☐ Bleeding Disorders | ☐ Sleep Disorder | |

Explain Each Condition and Treatment

Required if any condition above is checked.

5. Allergies

Allergies (Required)

Does this student have any allergies or reactions to medications, food, plants, insect bites, etc.?

☐ None

☐ Yes

Allergy Details

If Yes, describe the allergies or reactions.

6. Emergency Injectable Prescriptions

Emergency Injectable Prescriptions (Required)

Does this student have any emergency injectable prescriptions? EpiPen and Glucagon information must be included even if they are for occasional use only.

☐ None

☐ EpiPen / Glucagon / Other Emergency Injectable

If your student has an injectable prescription, the injectable form is required to travel. Please complete the form available at this link: <https://tinyurl.com/bbainjectables> and turn it in with this health history.

List Emergency Injectable Prescriptions and Dosages

If a student requires an emergency medication (EpiPen, Glucagon, etc.), we will call 911 for medical attention any time any of these medications is administered.

☐ I agree to submit completed and signed injectable forms (2 pages) to the nurses during camp check-in. (Required if an injectable is listed)

7. Inhaler Prescription

Inhaler Prescription (Required)

Does this student have an inhaler prescription?

☐ None

☐ Yes

Inhaler Prescription and Dosage

If Yes, describe the prescription, dosage and usage. Please specify whether the inhaler is for routine or emergency use only.

8. Other Required Medications

Other Required Medications (Required)

Will this student require prescription or non-prescription medicine while at camp?

☐ None

☐ Yes

Other Medications

If Yes, list medications and dosages. Please provide these medications and their associated prescriptions (where applicable) to the nurses during band camp check-in.

9. Band-Provided Over-the-Counter Medicines

At pre-band camp, band camp and during the marching season, your student may be given over-the-counter (non-prescription) medicines by band safety staff. These medicines will only be applied to resolve minor medical issues. The following medicines can be provided:

Benadryl • Generic Allergy Relief Pills • Ibuprofen • Pepto-Bismol • Naproxen (Aleve) • Tums • Tylenol

Over-the-Counter Medicines Consent (Required)

☐ I consent for all medicines on this list

☐ I do not consent for any of these medicines

10. Special Dietary Requirements

Special Dietary Requirements (Required)

Does this student have special dietary requirements while at camp?

☐ None

☐ Yes

Dietary Requirements

If Yes, please describe.

11. Health Insurance

The BBA requires marching band students attending camp to provide photocopies of the front and back of their medical insurance card. If a student is not covered under a medical insurance plan, a parent must complete and submit a Self-Insurance Waiver form.

Student Health Insurance Status (Required)

☐ Has Medical Insurance

☐ Does Not Have Medical Insurance

If insured: attach a copy of the **front and back** of the student's medical insurance card.

☐ Copy of FRONT of insurance card attached

☐ Copy of BACK of insurance card attached

If uninsured: complete and sign the Self-Insurance Waiver at <https://tinyurl.com/BBAUninsured> and attach a copy. The Health History cannot be accepted without it.

☐ I have completed the Self-Insurance Waiver with signature and attached a copy.

12. Parent / Guardian Certification

I certify that the information on this Health History is complete and correct to the best of my knowledge, and that I am the parent or legal guardian of the student named above.

Parent / Guardian Signature (Required)

Printed Name (Required)

Date (Required)

MM / DD / YYYY

Before returning this form, confirm: all sections are complete; both signatures are present; insurance card copies (or the Self-Insurance Waiver) are attached; and, if applicable, the 2-page Emergency Injectables form will be brought to check-in.