



Nottingham Northstar Marching Unit
1055 Klockner Road * Hamilton * New Jersey * 08619
(609) 631-4161 Ext. 3258 * Fax (609) 631-4129
Email: JKlek@hamilton.K12.nj.us

Nottingham High School
Marching Unit Disney World Trip

Dear Parent/Guardian,

While at Disney World, necessary medical care will be provided by a registered nurse. All medication your child needs to bring: prescription medications, over-the-counter medications, vitamins, etc. **must** be listed on this form if in the possession of the student. All prescription medications that are controlled drugs such as Ritalin or narcotic pain relievers must be given to the nurse upon arrival at Disney World. All medications must be in original containers and clearly marked. All self-medications such as daily prescription medications (allergy, ace, etc.) Epi-pens, inhalers, Tylenol, Advil, etc. may be carried by the user, however this medication must also display the original pharmaceutical label and be listed under "Self Medication" on this form.

In order to assist us in providing for your child's health needs, please complete all sections of the following medical form. This medical form will be given to the nurse. Any further need for medical treatment will be determined by the nurse. Should it be necessary, transportation to the local emergency medical facility or hospital will be provided by a Hamilton Twp. Teacher or the local rescue squad. Of course, you would be contacted immediately and kept abreast of your child's progress. In the event your child requires medical attention and the nurse is unable to reach you by telephone, your signed authorization will take effect.

Should you have any questions, call me at (609) 631-4100, ext. 3258. Thank you for your cooperation.

Sincerely,
Jennifer Klek
Nottingham High School Band Director

Nottingham High School
Medical Form

Student's Name: _____ Male: _____ Female: _____
Student's Date of Birth: _____ Age: _____ SS#: _____ Grade: _____
Parent/Guardian Name: _____ Relationship: _____
Home Address: _____ Phone #: _____
Parent/Guardian Cell Phone #: _____ Business Phone #: _____
If unable to reach parent/guardian, please contact: _____
Relationship to the child: _____ Daytime Phone #: _____
Nighttime Phone #: _____ Cell Phone #: _____

Page 1 (please complete both pages)

Student's Name _____ *Page 2 (please complete both pages)*

Child's Doctor: _____ Doctor's Phone #: _____

Name of Medical Insurance Company: _____ Co. Phone #: _____

Group Number: _____ Identification #: _____

Child Allergies: Yes _____ No Known Allergies: _____

(If yes, such as medications, insects, foods, sunscreen, aspirin; please list below with reaction)

Allergies:

Describe the Allergic Reaction:

Usual Treatment to allergic reaction: (i.e. Epi-pen, Benadryl, etc.): _____

Child's existing Medical History, if any: _____

Name of any medicine(s) child is taking; include name, dosage, and time of administration:

On an as needed basis, can your child have **(circle yes or no)**:

Tylenol: Yes - No Benadryl: Yes - No Pepto Bismol: Yes - No Tums: Yes - No

Ibuprofen: Yes - No Neosporin Ointment: Yes - No

Date of your child's last tetanus shot: _____

Does your child require a special diet? **(low fat, lactose intolerant, vegetarian, Kosher, etc.)**

Yes - No

If so, list the dietary requirements: _____

Please provide any additional information, if any, about your child's health which you feel we need to be aware of: _____

Authorization for Medical Treatment

I/We authorize a Nottingham High School Teacher, who has accompanied my child to Disney World to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to my child, at the local emergency medical facility or hospital under the general or special supervision of a licensed physician or surgeon.

This authorization is in effect **April 17 - April 21, 2010.**

Parent/Guardian Signature: _____ Date: _____

Signature of Witness: _____ Date: _____

Note: The Witness is any person of Legal age.