

**Danbury High School Music Department
Medical Release and Insurance information
Prescribers and Parent Authorization**

Connecticut State Law and regulations 10-212 (a) requires a written medication order from an authorized prescriber and the parent/guardian written authorization for the nurse or in the absence of the nurse a designated principal, teacher and/or coach to administer medication. Medicine must be in the original properly labeled container as dispensed by a physician/pharmacist.

Please answer all questions
Please print

Student name _____

Date of birth _____

Home address _____

Home phone _____

Parent/Guardian name _____

Cell Phone _____

Business Phone _____

Emergency Contact Person _____

Home Phone _____ Cell _____

Is your child allergic to any food and or medication NO YES (Please specify)

If the need arises for your child to be given Tylenol or Advil which would you prefer? (please circle)

TYLENOL OR ADVIL OR NONE OR BENADRYL

Is your child currently on any medication NO YES (Please specify)

Condition for which medication is being administered _____

Drug name _____ Dose _____

Time of administration _____

Relevant side effects _____

Medication shall be administered from April 10 through April 14 2008

Prescriber's name/title _____

Telephone _____ Fax _____

Address _____

Prescriber's Signature: _____

Date _____

I hereby request that the above ordered medication be administered by the Music Department directors or the chaperones for this trip. I understand that I must supply the above mentioned medicine with no more than a five (5) day supply. I understand that any remaining medication will be destroyed if not picked up at the end of said trip dates. In my opinion, my child is physically able to participate in the Danbury High School music department spring trip to Orlando, FL. In case of emergency, if neither myself or the family physician can be reached, I hereby authorize the attending physician for my child, to secure proper treatment, which may include referral to a hospital, anesthesia, and surgery. Additionally, I authorize the Music Department directors to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of accident or illness, and I will provide for the payment of these costs.

I, as parent/guardian hereby give my child permission to travel with the music department to Orlando, FL. I will not hold the school, the chaperones or the directors responsible for any accidents or mishaps which may occur on this trip to Orlando, FL. I have noted above any physical problems or medications that the Music Department directors and the chaperones need to be aware of.

Parent /Guardian Signature _____

Date _____

Insurance Company name and policy number
