

LAKOTA WEST BANDS

FIRST AID and MEDICATION POLICIES & PROCEDURES

First Aid Policy: Providing medical care to a student is the responsibility of the parent and should not be assumed by the Lakota West Upbeat Club (LWUC). The LWUC schedules volunteers to assist with first aid at band activities.

Forms: The following items must be completed and turned in before band camp, or at band camp check-in. **Students with incomplete or missing information or items will be sent home until all information is complete – no exceptions!**

1. MEDICAL INFORMATION & EMERGENCY AUTHORIZATION (two-sided) - must be **NOTARIZED**
2. FIRST AID and SUPERVISED MEDICATION AUTHORIZATION
3. Copy of medical insurance card
4. A recent picture of the student

First Aid Procedure: The LWUC will schedule volunteers to provide first aid for minor injuries (e.g., sprains, blisters) during band activities. Should a volunteer judge that the injury or illness requires immediate attention, the student will be transported to an urgent care center or emergency room. Costs of emergency transportation and medical care are the responsibility of the parent/guardian.

Should a volunteer judge that a student requires non-emergency medical attention for injury or illness, the student's parent/guardian will be notified to take the student from the band activity for appropriate attention. If parents are not available, the adult designated on the Medical form will be called to transport student.

If the student wishes to return to the band activity:

1. Student must be able to get to destinations under their own power or by buses provided to the band.
2. Students must be able to exit buildings, including navigate stairs, under their own power during an emergency.
3. If the medical volunteers and band director feel it necessary, non-ambulatory students must be accompanied by a parent or parental representative during the day and may not remain at band camp overnight. Students will not be transported in the golf cart or chaperones' cars.
4. Students will be expected to participate as much as physically possible.
5. Students must meet the following criteria:

Students with "non participation" doctor scripted medical excuses:

1. must be ambulatory
2. must not require additional care from first aid volunteers

Students requiring ***ongoing care*** for injuries and illnesses:

1. may remain with the band if they are able to care for their own wounds, injuries, and illnesses, including providing bandaging supplies.
2. The first aid station may supply ice packs for temporary problems (less than 4 hours)
3. Students with any injury treated by a doctor requiring ice therapy or rewrapping may stay at band camp if accompanied by a parent or parental representative.

Students exhibiting symptoms of a contagious illness will be isolated until a parent is notified to remove the student from the activity.

Medication Supervision Policy: Students take their own medications with their parent's/guardian's permission and under the supervision of an adult volunteer. Students are not permitted to carry or store any medications and they may not take medications unless they are supervised. EXCEPTIONS: (1) students with asthma may carry and use inhalers; (2) students with diabetes may carry and administer insulin; (3) students with severe allergies may carry and use epinephrine.

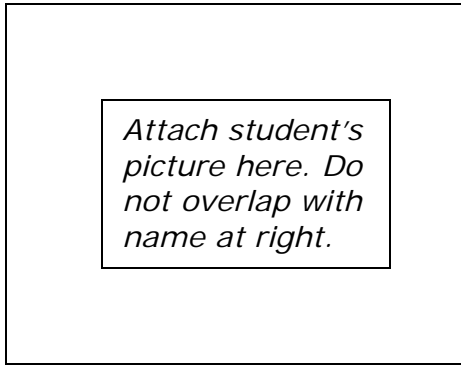
Medication Supervision Procedure:

1. Student's parent/guardian must complete the Medication Authorization for all prescription and over-the-counter medications that the student is permitted to use during band activities for the current year (August through June).
2. Medications will be stored in re-sealable plastic bags (provided by LWUC) that are individually labeled with the student's name, the medication, medication dose, and times the medication is to be taken. The parent must bring enough medication for the duration of the band activity, complete and sign the label for the bag, and place the medication in the bag. STUDENTS WILL NOT BE PERMITTED TO COMPLETE THEIR OWN LABELS. IF A PARENT/GUARDIAN CANNOT BE AT BAND CAMP/TRIP CHECK-IN, THE PARENT MUST MAKE ARRANGEMENTS TO MEET WITH A LWUC VOLUNTEER AHEAD OF TIME.
3. The LWUC will have available acetaminophen (e.g., Tylenol®), ibuprofen (e.g., Advil®/Motrin®), and calcium carbonate (e.g., Tums®). Labels do not need to be completed for these medications, but they must be checked on the signed Medication Authorization in order for the student to take the medication.
4. EXCEPTIONS:
 - a. ASTHMA - Students with a prescription for an asthma inhaler may carry and use the inhaler as needed. This medication must be listed on their Medication Authorization form. Should the student use his/her inhaler, s/he should notify the first aid volunteer.
 - b. DIABETES - Students with diabetes may carry and use their own blood glucose monitoring equipment and administer their own insulin. Students with diabetes should report to the first aid volunteer daily if blood sugar is stable and more frequently if blood sugar is not stable during band activities.
 - c. SEVERE ALLERGIES – Students who have had severe allergic reactions and have a prescription for epinephrine injection (e.g. EpiPen) in the event of an emergency may carry this medication. Should the student use this medications, s/he should notify the first aid volunteer immediately.
5. THE STUDENT IS RESPONSIBLE FOR REPORTING TO THE FIRST AID VOLUNTEER TO BE SUPERVISED TAKING THEIR MEDICATIONS. LWUC volunteers are NOT responsible to assure students have taken medications.
6. Students will initial the Medication Record when medications are taken.
7. The parent/guardian must pick up any remaining medication from the LWUC volunteer at the end of the band activity. Medications that are not picked up at the end of the band activity will be destroyed. The Medication Record will be maintained until the completion of band activities for the year and then destroyed unless the parent/guardian requests to pick up this form.
8. If a student requires more medications than space available on the form, a second form is to be completed and clearly labeled as "page 1 of 2 and page 2 of 2", etc as necessary.

If medications are changed or eliminated, the parent/guardian is responsible to update the Medication Authorization form.

LAKOTA WEST BANDS MEDICAL INFORMATION & EMERGENCY AUTHORIZATION—SIDE 1

- Medical History Form on back is completed (required).
- A copy of student's medical insurance card, front and back, is attached to this form (required).
- A picture of the student is attached to this form (required).



Student Name: _____
 Date of Birth _____
 Last _____
 First _____
 Sex: M F
 Social Security No.: _____

Street Address: _____ Home Phone: _____

City, State, Zip: _____

Mother's Name: _____ Work Phone: _____

Address if diff than student: _____ Home Phone: _____

_____ Mobile Phone: _____

Father's Name: _____ Work Phone: _____

Address if diff than student: _____ Home Phone: _____

_____ Mobile Phone: _____

Person to contact if parent is not available: _____

Relationship: _____ Phone: _____

Dentist to be called: _____ Phone: _____

Doctor to be called: _____ Phone: _____

I agree to provide or pay for transportation for my son/daughter if the First Aid Coordinator determines that he/she must leave the event due to medical reasons.

LAKOTA WEST BAND EMERGENCY MEDICAL AUTHORIZATION

SIGN BEFORE A NOTARY PUBLIC

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by a licensed physician or dentist; and (2) the transfer of the child to an emergency medical facility. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists who concur in the necessity for such surgery are obtained prior to performance of such surgery.

 Parent/Guardian Signature Date

State of Ohio, County of _____.

Subscribed in my presence this _____ day of _____, 200__.

 Notary Public

This form is due by August 2 for Marching Band students and September 10 for all other students. This information is confidential and will be destroyed at the conclusion of Band/WinterGuard Activities for the 2007-2008 school year.

LAKOTA WEST BANDS MEDICAL INFORMATION & EMERGENCY AUTORIZATION—SIDE 2

Health History – to be completed by parent/guardian

Student's Name: _____
Last
First

Apart from minor childhood illnesses, is the student's health generally good? Y ____ N ____

Immunizations: (if disease, put "D" and year) **Medications** (over the counter and prescription)

	<i>Last year given</i>	<i>This is for medical information only. This does not authorize the administration of these medications during band activities.</i>		
Tetanus	_____			
Diphtheria	_____	Medication	Dose	Times Given
Pertussis	_____	_____		
Measles	_____	_____		
Mumps	_____	_____		
Rubella	_____	_____		
Polio	_____	_____		
Chicken Pox	_____	_____		

Hospitalization History: *Is there a history of any of the following?*

	<i>No</i>	<i>Yes</i>	<i>Year</i>	<i>Details</i>
Diseases/injuries requiring X-rays:	___	___	_____	
Illnesses requiring hospitalization:	___	___	_____	
Injuries requiring hospitalization:	___	___	_____	

Medical History: *Is there a history of or present condition or disease of any of the following?*

	<i>No</i>	<i>Yes</i>	<i>Year</i>	<i>Details</i>
Drug reaction (specify drug and type of reaction)	___	___	_____	
Other allergic reactions (e.g., food, animal, insect, plant)	___	___	_____	
Diabetes	___	___	_____	
Epilepsy	___	___	_____	
Asthma or other lung disorder	___	___	_____	
Heart disorder of disease	___	___	_____	
Murmur	___	___	_____	
Rheumatic fever	___	___	_____	
Bleeding disorder	___	___	_____	
Recurrent Strep throat	___	___	_____	
Frequent nausea	___	___	_____	
Frequent diarrhea	___	___	_____	
Appendicitis	___	___	_____	
Recurrent urinary tract infection	___	___	_____	
Menstrual problems	___	___	_____	
Hernia	___	___	_____	
Problems w/ back, limbs, joints	___	___	_____	
Physical deformity	___	___	_____	
Sleep disorder	___	___	_____	
Emotional/behavioral issues	___	___	_____	
Other (explain)	___	___	_____	

This information is confidential and will be destroyed at the conclusion of Band/WinterGuard Activities for the 2007-2008 school year.

FIRST AID and SUPERVISED MEDICATION AUTHORIZATION

Name of Student: _____

(no nicknames – please print): Last _____

First _____

I have read the Lakota West Upbeat Club First Aid and Medication Policies and Procedures and agree to the following:

- I understand that LWUC volunteers, not health care professionals, will be available to provide first aid for minor injuries during band activities. I understand that I will be contacted to pick up my child should a volunteer judge that my child requires medical attention and that my child will be transported to an urgent care center or emergency room should a volunteer judge that immediate medical attention is required. I understand that any costs of emergency transportation and medical care are my responsibility. I hereby release LWUC and its volunteers from any financial or legal cause of action arising through sickness or accident, except by reason of gross negligence by LWUC and/or its volunteers during band activities.
- I give my permission for a LWUC adult volunteer to supervise my child taking the medications listed below. If I check the boxes giving this student permission to take acetaminophen, ibuprofen, or calcium carbonate this student has permission to take these medications from the supply provided by the LWUC; if I do not check the boxes, the student will not be permitted to take these medications. I have completed the label on the medication bag for all other medications and have verified that the correct medication is in the labeled bag. I understand that it is the student's responsibility to report on time for all medications. I hereby release LWUC and its volunteers from all responsibility to results of such medications.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Medication & Dose	Instructions
<input type="checkbox"/> Acetaminophen (e.g., Tylenol®) 325 mg or 500 mg	1 – 2 tablets by mouth every 4 hours as necessary for headache or pain.
<input type="checkbox"/> Ibuprofen (e.g., Advil®/Motrin®) 200 mg	1 – 2 tablets by mouth every 4 hours as necessary for headache or pain
<input type="checkbox"/> Calcium carbonate (e.g., Tums®) 500 mg	2 - 4 tablets chew and swallow every hour as necessary for upset stomach; maximum of 12 tablets in 24 hours.
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	