

Bixby Bands Consent for Treatment and OTC Medications *(Must Return Complete-Signed and Dated to your Director or on one of the scheduled Form Pre-Registration nights)*

CONSENT FOR TREATMENT: I am the above listed student parent/guardian and I GRANT CONSENT FOR TREATMENT. If a simple medical problem arises, I hereby grant the trip sponsors, or a trained first aid provider the authority to administer simple medications/first aid while attending practices performances and trips both at Bixby High School and any location away from school. In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment necessary by a licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. I further understand, I will take full financial responsibility for all expenses, which might be incurred for medical issues beyond simple first aid.

*** If I Refuse Consent for Treatment for my student I must circle here: (circle) Consent for Treatment Refused) and you MUST notify the Band Nurse and Mr. Parker immediately.**

OVER THE COUNTER MEDICATIONS CONSENT: I the Parent/Guardian of the above listed student GIVE PERMISSION for the Pride of Bixby sponsors to provide Over the Counter Medications if it is available and is requested by student:

TYLENOL (acetaminophen)

ADVIL/MOTRIN(Ibuprofen)

ALEVE(Naprosyn)

BENADRYL/CLARITIN/ ZYRTEC(Antihistamines)

Antacids, Anti-diarrheal, Cough drop, Antibiotic ointment, Motion sickness medication

*** If I Refuse OTC Meds for my student I must circle here: (circle OTC CONSENT Refused) and you MUST notify the Band Nurse and Mr. Parker immediately.**

ACKNOWLEDGEMENT OF CUTTIME MEDICAL INFORMATION:

*I the Parent/Guardian and student ACKNOWLEDGE that asthmatics need to ALWAYS have their personal rescue inhaler with them at all band functions and that you CANNOT borrow friends.

*All Food allergies and Meal Preferences/ Requirements such as gluten free, vegan etc. MUST notify Bixby Bands Performance Support and list this in there CUTTIME account under Medical. **(Cathy Peters at cpeters@bixbyps.org)**

*I the Parent/Guardian and Student have listed ALL RELEVANT MEDICAL CONDITIONS, ALL ALLERGIES and CORRESPONDING REACTIONS, or any info you feel is important for the Band Nurse under the Medical Tab in my Students CUTTIME Account (only the band nurse and CUTTIME Admin can see this)

* I the student will uploaded a photo in the PICTURES section on my CUTTIME account by the start of school. (example: photo should be a clear picture of the students face for use on trips to assist our chaperones i.e. passport photo or id.

I the Parent/Guardian have confirmed all the above is complete and accurate.

Student Name:(print) _____ Current Grade for 2019-2020 _____

Parent/ Guardian /Legal Adult Signature: _____ Date: _____