

REQUIRED

COMPLETE BOTH
SIDES
RETURN THIS
FORM

Richland Music Department Confidential Medical Form

One Academic Avenue - Johnstown, Pennsylvania 15904
[Revised 2016]

Student Name _____ Date _____
Sex _____ Age _____ Birth date _____ Grade _____ Phone No. [_____]
Home Address _____
[Street] [City, State, Zip]
Father's Full Name _____ Work Phone: [_____]
Business Address _____
Mother's Full Name _____ Work Phone: [_____]
Business Address _____
Cell Phone Numbers.....Father: [_____] Mother: [_____]

If we cannot get in touch with either parent/guardian, please list two relatives or friends who would have the authority to advise us regarding your child:

Name _____	Relationship to child _____
Address _____	Phone _____
Name _____	Relationship to child _____
Address _____	Phone _____

If EMERGENCY TREATMENT is required, may the school authorities, or designee use their own judgment in sending the child to a hospital or doctor most easily accessible before the parent/guardian can be reached?

YES NO

If NO, WHAT DO YOU WISH THE SCHOOL TO DO in case your child is sick or injured:

It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent/guardian, as indicated above, will be respected as far as possible. If at any time the above information must be changed, I will notify my child's music director IN WRITING. ANY omissions are strictly MY responsibility! Is your child permitted to take "over the counter" medications such as: (circle as allowed)

ASPIRIN TYLENOL PEPTO BISMOL..... OTHERS _____

Date of Last Tetanus Shot: _____

Please list any other medical information/ history you feel we should be aware of:

Complete both sides

REQUIRED

HEALTH INSURANCE DATA

NAME OF HEALTH INSURANCE: _____

Address: _____ Phone No. [_____]

NAME OF GUARANTOR: _____

AGREEMENT # _____

NAME OF EMPLOYER: [IF GROUP INSURANCE]

Address _____

Phone No. [_____] GROUP # _____

Is the student currently under MEDICAL TREATMENT? (circle) YES NO

If yes, give the nature of the treatment and the doctor's name and phone number:

Specific Allergies

List such allergies as pet, smoke, food, or medication sensitivities

Please list any preferred substitute antibiotics: _____

Preferred local hospital in case of emergencies: _____

This release form is for the hospital or physician's use: I/We hereby authorize any necessary emergency procedure of a medical or dental nature for my/our child by a certified hospital, physician, or dentist in the action is determined to be critical to my child's welfare by the director, advisor, chaperone or adult in charge.

Signature of Parent or Guardian: _____ Date _____

ONLY COMPLETE IF APPLICABLE

A separate form is required for each medication, including asthma inhalers and epinephrine auto-injectors which are carried by the student.

MEDICATION ADMINISTRATION RECORD

Student: _____ DOB: ____/____/____

Licensed Prescriber Name/Phone/Address:

Medication/Dose/Route/Time(s) to Administer:

I give permission for the Field Trip Nurse to give the above medication to my student.

Signature Parent/Guardian Date

Date/Time

Initials Name

CODES

W: Dose Withheld (Chart reason in student log)

***ALL medication must be administered by the Trip nurse, regardless of the student's age or Section 504 or Transition Plan.**

Revised April 2022

Fill out only if using funds from student account to pay for the trip or request spending money. Trip is \$50.00 and up to \$100.00 spending money can be requested. You may do a total cost in this one account voucher.



Richland Music Boosters

Student Account

We elect to move funds from the personal student account of

to be used for

_____.

Amount to be used \$

Student Signature _____

Parent Signature _____

Parent Phone _____

Date _____

Richland Fine Arts Department

Richland High School – One Academic Avenue
Johnstown, Pennsylvania 15904-2908

814-266-6081

Jerrod Cannistraci
Director of Bands

Eric Tedjeske
Director of Choruses

Ben Easler
Director of Orchestras

May 3, 2023

Kennywood Field Trip Information – June 2, 2023

Fine Arts Department - Grades 6 - 8

Chaperone Registration

I am signing up to be a chaperone with the Richland Fine Arts Department Kennywood trip on June 2, 2023. I have read the itinerary and basic information concerning the trip. I agree to assist in the management of the trip for these students and offer leadership as directed by the music directors. I accept the rules and regulations of the Richland School District. I further recognize that these regulations pursuant to the Richland School District are in effect for the duration of the trip.

I have filed all required clearances with the Richland School District.

Chaperone space is limited, please sign up early. You will be notified if you are selected as a chaperone by May 17, 2023.

Name _____

Address _____

Phones (Home) _____ (Cell) _____

Parent Email Address _____

Student participating in the trip _____ Grade _____

Date Received _____