



LBA Medical Authorization Form (Mandatory)

Information submitted on this form will only be used by the Lafayette Band Directors, staff and members of Lafayette Band Association (LBA) along with FCPS, in support of the band program at Lafayette High School.

STUDENT Name _____ **DOB** _____

PARENT 1/Guardian Name _____ **Relation** _____

Cell _____ **Home** _____ **Work** _____

PARENT 2/Guardian Name _____ **Relation** _____

Cell _____ **Home** _____ **Work** _____

List medical issues or concerns, including allergies and reactions, that the Staff and Chaperones should be aware:

List daily medications taken by your student:

Student's Physician _____ **Physician's Phone number** _____

I understand that I must complete, sign, and submit this form and also submit a physician signed "Kentucky High School Athletic Association Physical Form" in order for my child to participate in the Lafayette Band.

I certify that this form provides accurate contact information and medical information.

I understand that all over-the-counter (OTC) and prescription medications will be dispensed to the student by staff or chaperones.

I understand that OTC medications must be authorized by a physician AND a parent/guardian by completing and signing the "**LBA Over-The-Counter Medication Authorization Form**".

I understand that prescription medications must be in the original container with the pharmacy label firmly attached along with a parent signed "**Prescription Medication Authorization**" form. I further understand that **all medications and paperwork, including specific instructions for overnight trips, must be turned in at least 48 hours prior to the trip.**

I agree to pick up any unused medication within two weeks of the last day of marching season or the medication will be destroyed.

I understand that someone in authority will make every attempt to contact me in the event my child requires medical attention.

Parent/Guardian Signature

Date