

A Note From The Camp Nurse

I am so excited to be the Eisenhower Marching Eagles Band Camp Nurse this year. I have been part of the medical team at band camp for the previous three seasons and I am really looking forward to the season ahead! I have been a nurse for 28 years with my primary background being in the emergency room where I have dealt with various experiences in pediatrics and adult medicine. I am certified in basic and advanced cardiac life support. I also have past camp nurse experience with girl scouts.

As in years past the camp medical team needs to have complete records for all students attending camp. All forms **MUST** be completed before your student can attend Camp Walden. Please review the following information:

- PRINT all information.
- A copy of both sides of all applicable insurance cards taped to form. I understand that insurance coverage can change periodically and would ask that you would notify me as soon as you are aware of any changes.
- Per UCS policy a physical must be completed and on file dated after April 15, 2018.
- Immunization records are available to hospitals and clinics on the Michigan Care Improvement Agency website, so we no longer require the dates. All we need is a statement from your physician that the immunizations are up-to-date on the Physician's Physical Examination and Medical Clearance form.

DUE: May 7, 2018 at Marching Band Registration:

- **Signature and Consent Form:**
 - This is completed by a parent, guardian or the 18-year-old student for permission to join the "Marching Eagles" and all polices associated with membership. It also give emergency medical treatment consent in case of an emergency.
- **Medical History Form:**
 - This is completed by a parent, guardian or the 18-year-old student. This provides all health care workers the information needed to make the best medical decisions for your child. Please provide specific details for ALL "yes" answers on the form.

DUE: July 15, 2018: Mail to *Eisenhower Band Boosters, PO Box 528, Washington, MI 48094*

- **The Physical Examination & Medical Clearance Form**
 - Remember the physical form must be dated after April 15, 2018.
 - I realize that most insurance companies cover only one physical exam per year. A separate flyer is available on the IKE Bands website listing local clinics providing sports physicals including their hours and prices.

PLEASE NOTE: It is very important that The Signature and Consent Form is completed and submitted to me with the remaining documents before Band Camp! Your signature provides us with permission to give treatment to your child during Band Camp Week including administering their medications as needed. Students without **ALL** completed forms will not be allowed to board the bus for camp, so please plan accordingly!!

DUE August 12, 2018 at Marching Band Camp Check-in

- One parent, regardless of student age, needs to stay through the registration process on the day of check-in in the event further information is required.
- One additional form is required. This form will ask for any changes or updates to your medical history along with a list of **ALL** current prescription and over-the-counter medications. Every student **MUST** turn in this form during the check-in process.
- You will need to provide your student with all over-the-counter and prescription medications needed for the week at camp. There will be a very limited supply of some over-the-counter medications for your student in the case of an emergency.
- Any medications containing controlled substances will be kept locked for the safety of all of the students. Some examples include medications with: codeine; hydrocodone; Ritalin; and valium.

Tips for a successful camping experience!

- If your student has severe allergies, please work with your physician and provide us with a detailed treatment plan.
- Camp Walden is a rustic camp with cabins. **NO** food is allowed in the cabins.
- It will be August and there is no air conditioning, so please help us reinforce the need for the students to drink plenty of fluids and use sunscreen.

We are always looking for parents with a medical background to help ensure our children have a safe camp experience. I would love your help whether you can be at registration, check-in, the entire week or half of the week at Camp Walden. If you are a physician, physician assistant, nurse practitioner, nurse, paramedic, EMT, dentist or other medical professional and want to enjoy some great experiences with your student, then Marching Band Camp is place to be.

Cindy Labon

Home phone: (586) 781-8905

Cell phone: (586) 531-2841

E-mail: labon.cindy@yahoo.com

Signature and Consent Form

To be turned in to Cindy Labon by May 7, 2018

M F

Complete Legal Name	Date of Birth	Gender	Place of Birth	Grade
Street Address	Apt	City	Zip	Home Phone
Father's/Guardian Name	Work Phone	Mother's/Guardian Name	Work Phone	

Consent to Participate

I hereby give my consent to Eisenhower Instrumental Music Department to allow my child to:

Initial

- _____ Engage in Eisenhower High School Instrumental Events.
- _____ Travel via bus with the Instrumental Music Department to scheduled events (camp, games, festivals, competitions, etc.).
- _____ Travel via car should he/she need to be taken for medical attention to an Urgent Care clinic or hospital.
- _____ Agree and will comply with all attendance policies laid forth for the Marching Eagles. I understand that failure to comply could/will result in disciplinary measures.

Signature of Parent/Guardian

Date

Parental Statement

Initial

- _____ My son/daughter will comply with the specific insurance regulations of the school district.
- _____ I hereby state that, to the best of my knowledge, my answers to the medical history questions are complete and correct.

Signature of Parent/Guardian

Date

Medical Treatment Consent

Know all persons by there presents, that _____ (name of parent/guardian) residing at _____ recognize that medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby authorize Eisenhower Instrumental Boosters or Instrumental Instructors of Eisenhower High School, 6500 25 Mile Road, Shelby Township, Michigan 48316, to seek any emergency medial and/or surgical treatment necessary for the care of our child, _____ (child's name). The above-designated person(s) are hereby authorized to incur medical costs necessary to provide medical treatment for said child(ren), for which we, the parents or guardian shall be fully responsible. We authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature of Parent/ Guardian

Date

Signature of Student Marcher

Date

MEDICAL HISTORY FORM

To be completed by Parent, Guardian or 18-year-old. Please Print.

To be turned in at Registration, May 7, 2018

M F

Complete Legal Name _____ Date of Birth _____ Gender _____

General Questions

1 Has a doctor ever denied or restricted your participation in sports for any reason? Yes No

2 Do you have any ongoing medical conditions? Yes No

3 If so, identify by Asthma Anemia Diabetes
circling: Infections Other _____

4 Have you ever spent the night in the hospital? Yes No

5 Have you ever had surgery? Yes No

Bone and Joint Questions

Have you ever:

28 had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or game? Yes No

29 had any broken or fractured bones or dislocated joints? Yes No

30 had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, cast or crutches? Yes No

31 been told you have a neck instability or atlantoaxial instability (Down Syndrome or dwarfism)? Yes No

32 had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)? Yes No

33 ever had a stress fracture? Yes No

Do you:

34 regularly use a brace, orthotics or other assistive device? Yes No

35 have any history of juvenile arthritis or connective tissue disease? Yes No

36 have a bone, muscle or joint injury bothering you? Yes No

37 Do any of your joints become painful, swollen, feel warm or look red? Yes No

Heart Health Questions About You

Have you ever:

6 passed out or nearly passed out during or after exercise? Yes No

7 had discomfort, pain, tightness or pressure in your chest during exercise? Yes No

8 had an unexplained seizure or do you have a history of a seizure disorder? Yes No

Do you get:

9 more tired or short of breath more quickly than your friends during exercise? Yes No

10 lightheaded or feel more short of breath than expected during exercise? Yes No

11 Does your heart race or skip beats (irregular beat) during exercise? Yes No

Has a doctor ever told you that you have :

12 high blood pressure? Yes No

13 high cholesterol? Yes No

14 Kawasaki disease? Yes No

15 heart infection? Yes No

15 heart murmur? Yes No

17 other heart problems? Yes No

18 Has a doctor ever ordered a test for your heart? (ECG/EKG or

Medical Questions

Have you ever:

38 become ill while exercising in the heat? Yes No

39 used an inhaler or taken asthma medicine? Yes No

40 had an eating disorder? Yes No

41 had a head injury or concussion? Yes No

42 had a hit or blow to the head that caused confusion, prolonged headache or memory problems? Yes No

43 had numbness, tingling or weakness in your arms or legs after being hit or falling? Yes No

44 been unable to move your arms or legs after being hit or falling? Yes No

45 had any problems with your eyes or vision or had any eye injuries? Yes No

46 had herpes or MRSA skin infection? Yes No

47 Have you had infectious mono in the last month? Yes No

48 Do you cough, wheeze or have difficulty breathing during or after exercise? Yes No

49 Do you have headaches or get frequent muscle cramps when exercising? Yes No

50 Do you have a painful bulge or hernia in the groin? Yes No

51 Do you have any concerns that you would like to discuss with a doctor? Yes No

52 Do you worry about your weight? Yes No

53 Do you wear protective eyewear, such as goggles or a face shield? Yes No

54 Do you or someone in you family have sickle cell trait or disease? Yes No

55 Do you wear glasses or contact lenses? Yes No

56 Do you have any rashes, pressure sores or other skin problems? Yes No

57 Do you have any allergies? Yes No

58 Is there anyone in your family with asthma? Yes No

59 Were you born without or are you missing an organ? Yes No

60 If so, identify by kidney spleen eye
circling: testicle (male) Other _____

61 Are you trying to or has anyone recommended that you gain or lose weight? Yes No

62 Are you on a special diet or do you avoid certain types of foods? Yes No

Your Family's Heart Health Questions

Does anyone in your family have:

19 a heart problem, pacemaker or implanted defibrillator? Yes No

20 hypertrophic cardiomyopathy, Marfan syndrome or Brugada syndrome? Yes No

21 arrhythmogenic right ventricular cardiomyopathy, long QT syndrome? Yes No

22 catecholaminergic polymorphic ventricular tachycardia, short QT syndrome? Yes No

23 Has anyone in your family ever had unexplained fainting, seizures or drowning? Yes No

24 Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome? Yes No

Females Only

25 Have you ever had a menstrual period Yes No

26 How old were you when you had your first menstrual period? _____

27 How many periods have you had in the last 12 months? _____

Provide details for ALL "yes" answers (use additional paper if needed):

63 Please mark below any specific allergies, dietary needs, or special info about your child we should know for the week of Camp:

64 Please provide a contact email address or phone number in case we have any specific concerns or questions:

Physical Examination and Medical Clearance

To be completed by the examining MD, DO, PA or NP and returned to the patient.

Please turn in to Cindy Labon by July 15, 2018

M F

Complete Legal Name

Date of Birth

Gender

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER April 15, 2018

	R	L	Yes	No
Height				
Weight				
BP				
Pulse				
Vision				
			Corrected	

	Normal	Abnormal Findings
Appearance - Marfan stigmata (kyphoscoliosis, high arched palate, pectus excavatum, arachnodactyly, arm span greater than height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes - Pupils Equal		
Ears - Hearing		
Nose		
Throat		
Lymph Nodes		
Heart - Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)		
Pulse - Simultaneous femoral and radial pulse		
Lungs		
Abdomen		
Genitourinary (Males only)		
Skin - HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic		

Musculoskeletal	Normal	Abnormal Findings	Normal	Abnormal Findings
Neck			Knee	
Shoulder/Arm			Leg/Ankle	
Elbow/Forearm			Foot/Toes	
Wrist/Hand/Fingers			Functional:	
Hip/Thigh			Duck Walk	

Are any recommended immunizations missing? No Yes Missing:

Recommendations

I certify that I have examined the above student and recommend him/her as capable to compete in supervised athletic activities.

MD DO PA NP

Signature of Examiner

Circle One

Printed Name of Examiner

Date

PLEASE ATTACH A COPY OF **BOTH**
SIDES OF YOUR MEDICAL CARD HERE

STUDENT NAME _____

To be turned in at Camp check-in, August 12, 2018

- * This form **MUST** be completed by **EVERY** student (EVEN if your student doesn't routinely take any medications)
- * Each student will provide their own medications for band camp.
- * Prescription medication **MUST** be in it's original pharmacy container with the original pharmacy label attached.
- * Non-prescription medication **MUST** be in it's original container.

Sunday medication check-in procedures:

- ✓ DO NOT PACK YOUR MEDICATIONS IN WITH YOUR LUGGAGE!
- ✓ ALL medications need to be in a ziploc bag
- ✓ The ziploc bag **MUST** be labeled with the student name.
- ✓ You will provide this completed form and your medications, if applicable, to the staff at the Medication check-in table.
- ✓ Any controlled medications will be counted and placed in a locked box.
- ✓ Once the medications are verified, the student will receive a sticker on the medication bag and they will be allowed to add it to their suitcase/bus bag.

List **ALL DAILY** prescription and non-prescription medications the student is currently taking.

	Name of Medication	Strength	Dosage	Time(s) Taken
	(example) Synthroid	0.088 mcg	1 tablet	every morning before breakfast
1				
2				
3				
4				
5				

- My student is responsible to take daily medications on their own.
- My student needs help reminder to take the daily medications.

Medications you are providing and to be given as needed

	Name of Medication	Strength	Dosage	Reason to Take
1				
2				
3				

- All the above medications to be given as needed can be given without a phone call to the parent.
- I wish to have a phone call before any of the above as needed medications are administered.

Medications that the camp has available in a VERY LIMITED supply

These medications will be given according to the directions in the package insert. Please cross off those medications you do NOT wish your student to take. If there is a good possibility that your child will require any of these medications, you need to supply your own.

- | | | |
|---|--------------------------|----------------------|
| Benadryl (diphenhydramine) cream or pills | Calamine lotion | Hydrocortisone cream |
| Bismuth subsalicylate (pepto-bismol) | Tums | Antibiotic cream |
| Loperamide (imodium) | Miralax (stool softener) | Famotidine (pepcid) |
| Tylenol (acetaminophen) | Ibuprofen (motrin) | Cetirizine (zyrtec) |
| Swimmer's ear (flumethasone) | Aloe Vera gel | |

- All the above medications to be given as needed can be given without a phone call to the parent.
- I wish to have a phone call before any of the above as needed medications are administered.

Parent/Guardian Signature _____

Date _____

Staff Initials _____