

OTHER CONDITIONS THAT MAY BE AFFECTED BY THE PHYSICAL NATURE OF THE PERFORMING ARTS:

CURRENT MEDICATIONS:

EMERGENCY MEDICATION THAT STUDENT SHOULD CARRY WITH THEM (AND DIRECTIONS):

V. OVER-THE-COUNTER MEDICATIONS:

PERMISSIONS: I GIVE MY PERMISSION FOR THE ADMINISTRATION OF THE FOLLOWING OVER-THE-COUNTER MEDICATIONS TO MYSELF OR SON/DAUGHTER (if under 18) AS NEEDED.

- | | |
|---|--|
| <input type="checkbox"/> ACETAMINOPHEN (TYLENOL) | <input type="checkbox"/> ANTACIDS (TUMS) |
| <input type="checkbox"/> IBUPROFEN (MOTRIN OR ADVIL) | <input type="checkbox"/> DIPHENHYDRAMINE (BENADRYL) |
| <input type="checkbox"/> LOPERAMIDE (IMMODIUM- ANTI-DIARRHEA) | <input type="checkbox"/> MECLIZINE (MOTION SICKNESS) |
| <input type="checkbox"/> ANTIBIOTIC OINTMENT (NEOSPORIN) | <input type="checkbox"/> BENZOCAINE SPRAY (BEE STINGS) |

Identify any Over-The-Counter Medications that should be AVOIDED:

MEDICAL CONSENT

PURPOSE: TO AUTHORIZE THE PROVISION OF EMERGENCY TREATMENT FOR ENSEMBLE MEMBERS OR STAFF WHO BECOME ILL WHILE TRAVELING WITH OR IN THE COMPANY OF THE NOTRE DAME COLLEGE PERFORMING ARTS DEPARTMENT WHEN RELATIVES CANNOT BE REACHED.

IN THE EVENT REASONABLE ATTEMPTS TO CONTACT INDIVIDUALS LISTED ABOVE HAVE BEEN UNSUCCESSFUL, I HEREBY GIVE MY CONSENT FOR THE ADMINISTRATION OF ANY TREATMENT DEEMED NECESSARY, BY ANOTHER LICENSED PHYSICIAN OR DENTIST; AND THE TRANSFER TO ANY REASONABLY ACCESSIBLE HOSPITAL.

THIS AUTHORIZATION DOES NOT COVER MAJOR SURGERY UNLESS THE MEDICAL OPINIONS OF TWO OTHER LICENSED PHYSICIANS OR DENTISTS, CONCURRING IN THE NECESSITY FOR SUCH SURGERY, ARE OBTAINED PRIOR TO THE PERFORMANCE OF SUCH SURGERY.

I DECLARE THAT ALL OF THE INFORMATION LISTED ABOVE IS CORRECT AND CONSENT TO THE AFOREMENTIONED IS HEREBY GRANTED.

DATE _____ PARENT/GUARDIAN SIGNATURE _____

DATE _____ STUDENT SIGNATURE _____

THIS FORM WILL BE DESTROYED AT THE CONCLUSION OF THE 2015-2016 SCHOOL YEAR

Completed forms should be scanned and sent back to the group/groups that you participate in.

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Be sure to include BOTH pages in any correspondence.