

MEDICAL INFORMATION

Student's Name _____ Grade _____ Birthdate _____
Street Address _____ City _____ Zip Code _____

Parent/Guardian (1) Name _____ Home Phone # _____
Parent/Guardian's Employer _____ Work Phone # _____
Cell Phone # _____

Parent/Guardian (2) Name _____ Home Phone # _____
Parent/Guardian's Employer _____ Work Phone # _____
Cell Phone # _____

Insurance Co: _____ Policy # _____ Group # _____

If unable to reach parent, please contact: (list person available with a **local** number)

Name _____ Phone _____ Relationship _____

Student's Physician _____ Phone _____

Preferred Hospital _____ Phone _____

Does your child have any of the following conditions (write yes or no)? If so, please explain (*medical treatment, reaction, etc. Please state if your child carries an epipen or inhaler with them*)

Yes/No

_____ Asthma _____

_____ Diabetes _____

_____ Food or drug allergy _____

_____ Bee sting allergy _____

_____ Seizure disorder _____

_____ Other chronic or recurrent condition _____

_____ Presently taking medication Name: _____

Reason for taking above medication _____

_____ Tetanus shot current to within 6 years Date: _____

I give permission for the **BAND STAFF** to administer the following medications to my child according to the school's standing medication orders: (*please write yes or no*)

_____ Acetaminophen (Tylenol) _____ Antacid tablets _____ Ibuprofen (Motrin)

This health history is correct to the best of my knowledge and the student herein described has permission to engage in all activities, unless otherwise noted by me. In the event of a serious medical emergency and I cannot be contacted, I grant my permission for a physician or hospital staff to perform whatever measures they deem necessary until I can be contacted.

Parents/legal guardian's signature _____ Date _____