DUE PRIOR TO PARTICIPATION IN ANY REHEARSAL OR PERFORMANCE

STAFF USE ONLY

__Health Problems
__Allergies

UNIVERSITY HIGH SCHOOL
BAND STUDENT HEALTH FORM

1. Student's Name: ____
(LAST) (FIRST) (MIDDLE)

2. Date of Birth: ________/________/________ **3. Home Phone Number:** ____________________

4. Address____
(STREET

____
(CITY) (STATE) (ZIP)

5. Parent/Guardian Name: ____

6. Parent/Guardian E-mail: ____

7. Parent/Guardian Employer: ____

8. Parent/Guardian work and/or cell Phone: ____________________ (w) ____________________ (c)

9. Emergency contact if a parent/guardian cannot be reached: ______________________________
(NAME)

____
(PHONE NUMBER)

10. Does student have insurance through parent employer? ________Yes ________No

11. If yes, name of insurance company: ____

12. Policy number: ____

13. Student's physician: ________________________**14. Physician's phone number:** ____________

15. Health History: (check all that apply)

___Diabetes
___Orthopedic Problems
___Asthma
___Epilepsy
___Cardiac Problems
___Other (Specify) ____________________

____

16. Allergies: (check all that apply)

___Medication (Specify) ____________________
____
___Food (Specify) ____________________
____
___Insects (Specify)____________________
___Latex ______________________________

17. Medications: At home ____

At School ____

Remember: All medication, including over the counter medication requires a Dr. Order

18. Has student had a tetanus shot current within six years? _______Yes _______No

19. Do you know of any health factor that makes it advisable for your child to follow a limited program of physical activity or from participating in any activities? _______Yes _____ No

If yes, please explain: ____

I give permission to the physician or hospital to secure proper treatment for and to order medications, injections, anesthesia or surgery for my child as named above.

____
(PARENT/GUARDIAN SIGNATURE) (DATE)