DUE PRIOR TO STUDENT PARTICIPATION IN FIRST REHEARSAL

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 Phone: ____________________ **9. Cell Phone:** ____________________

10. Emergency contact if a parent/guardian cannot be reached: ____________________
(NAME)

____
(PHONE NUMBER)

11. Does student have insurance through parent employer? _______Yes _______No

12. If yes, name of insurance company: ____

13. Policy number: ____

14. Student's physician: ____________________ **15. Physician's phone number:** ____________

16. Health History: (check all that apply)

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

17. Allergies: (check all that apply)

___Aspirin
___Penicillin
___Sulfa
___Insect Stings/Bites
___Tetracycline
___Other (Specify)____________________
____

18. Does the student have any condition requiring regular medication? _______Yes _______No

19. Name of Condition: ____________________ **20. Name of medication:** ____________________

21. Who administers? ____________________

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

23. Do we have permission to administer to your child? (check all that apply)

___Pepto-Bismol ___Tylenol ___Advil ___Dramamine

24. 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)