DUE PRIOR TO PARTICIPATION IN ANY REHEARSAL OR PERFORMANCE

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)