

MEDICAL INFORMATION

PERRYVILLE HIGH SCHOOL BAND

Student Name: _____ Date: _____
(Last) (First)

Address: _____ Date of Birth: _____

Parent or Guardian Name: _____

Home Phone: _____ Work: _____ Cell: _____

Emergency Contact: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

Health History: (check all that apply)

Allergies: (check all that apply)

- _____ Diabetes
- _____ Orthopedic Problems
- _____ Asthma
- _____ Epilepsy
- _____ Cardiac Problems
- _____ Migraines

- _____ Aspirin
- _____ Penicillin
- _____ Sulfa
- _____ Insect Stings
- _____ Tetracycline
- _____ Other (Specify)

Has your child had a tetanus shot current to within six years? _____ Yes _____ No

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 activity? If so, please explain.

Does your child have permission to use the pool? _____ Yes _____ No
(swim areas may not be staffed by lifeguards. Trip participants swim at their own risk.)

Please list any medications your child is currently taking or will be bringing:
(Prescription medications must be kept by a chaperone, with the exception of epi-pens, inhalers, and insulin pumps.)

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. I also understand that this medical information will be used on all music department functions throughout the year. If there are any additions or changes, I will notify the director in writing. I give permission for my child's medical information to be shared with the director, chaperones, and medical personnel, if necessary, under HIPPA regulations.

Signature of Parent or Guardian

Date