

MEDICAL HISTORY & INFO. FORM

GENERAL INFORMATION:

Student Birth date: ____/____/____ Present Age: _____

Legal Guardian is: _____ Cell Phone (____)-____-_____

Family Physician: _____ Phone (____)-____-_____

* In case of emergency, other responsible relative:

Phone (____)-____-_____ Relationship to Student: _____

Family Insurance Company: _____ Policy #: _____

MEDICAL HISTORY: Please list all medical information. Be sure all information is accurate and detailed. A standard sports physical is required to participate in marching band.

Known Drug Allergies: _____

General Anesthesia Allergies: _____

Other Known Allergies: _____

Medical condition(s) currently under treatment: _____

Medication(s) currently in use: _____

Physical disabilities (i.e. asthma, diabetes, etc.): _____

Recent surgery: (When and what?) _____

Last Tetanus shot/booster date: _____

Special health problems: _____

I, _____ (print name), verify that this information is complete and accurate to the best of my knowledge. **A standard sports physical is required to participate in marching band. I understand it is my responsibility to notify the band director if any of this information should change during marching band season.**

Parent/Guardian signature: _____ Date: _____