

PERSONAL HEALTH AND MEDICAL HISTORY
(To be filled out annually)

This form is to be updated annual for all participants in the Instrumental Music Program, with levels of activity during competition trips similar to that of home or school. Current personal health and medical summary (history) is attested by parents to be accurate. This form is filled out by all participants and is on file with the Band Director for easy reference.

IDENTIFICATION

Name _____ Date of Birth _____ Age _____ Sex _____

Name of Parent or Guardian _____ Telephone _____

Home Address _____ City _____ State _____ Zip _____

Business Address _____ City _____ State _____ Zip _____

If person named above is not available in the event of an emergency, notify

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No. _____

Circle all items that apply, **past or present**, to your student's health history. Explain any "Yes" answers.

ALLERGIES: Food, medicine, insects, plants YES NO Explain _____

GENERAL INFORMATION:

| | | | | | | | | |
|-----------|-----|----|-----------------------|-----|----|-----------------|-----|----|
| ADHD: | YES | NO | Cancer/leukemia: | YES | NO | Heart Trouble: | YES | NO |
| Asthma: | YES | NO | Convulsions/seizures: | YES | NO | Hemophilia: | YES | NO |
| Diabetes: | YES | NO | High Blood Pressure: | YES | NO | Kidney Disease: | YES | NO |

List any medications to be taken during competition trips _____

List any physical conditions that may affect or limit full participation in field marching performances _____

IMMUNIZATIONS: (Give date of last inoculation) Tetanus toxoid _____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____