

Fort Mill High School Band 2019-2020 Student Health History Form

This form must be filled out completely by a parent.

Student's Full Name:

Grade: _____ Instrument/Section _____

Date of Birth: _____ Sex: _____

Telephone #: _____ T-shirt size: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent or Guardian: _____

Work phone #: _____ Mobile phone #: _____

Emergency contact, in case parents may not be reached

Relationship: _____

Telephone #: _____

Physician: _____

Telephone #: _____

Have you ever been diagnosed with a chronic medical condition, such as asthma, allergic reactions, environmental allergies, heart conditions, diabetes, etc.?

Yes _____ No _____

If your answer above was yes, please list condition/conditions:

Do you take daily or emergency medications for above conditions?

Yes _____ No _____

Student Name _____

DAILY MEDICATIONS are medicines that your student takes every day for maintenance of a chronic condition- such as allergies, asthma, diabetes, ADD, ADHD, heart conditions, anemia, etc. If your student takes daily medications, please list these below:

Daily Medication	Dose	What time/times given (e.g. am or pm)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY MEDICATIONS are medicines given to your student in urgent situations – such as asthma attacks, allergic reactions, diabetic reactions, etc. If your student has emergency medications, please list them below:

Emergency Medication	Dose	When to be given
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF YOUR STUDENT USES EMERGENCY MEDICATIONS, IT IS IMPERATIVE THAT YOU SEND THESE MEDS TO BAND CAMP, BAND PRACTICE, FOOTBALL GAMES, AND ALL BAND COMPETITIONS. THEY SHOULD BE GIVEN DIRECTLY TO THE HEAD CHAPERONE EACH TIME.

Student name _____

Please list all food and/or medication allergies and describe your student's allergic reactions:

Please list all environmental and/or insect allergies and describe your student's allergic reactions:

Are there any medical restrictions to the student's activities? If so, please list:

Copies of the following documents are required - please check assignments:

1) Immunization Record (especially tetanus) 2) Insurance Card

NOTE: If you do not have insurance, please sign below to release the school/band from responsibility: Parent/Guardian:

_____ Date:

PLEASE FEEL FREE TO SEND MORE DOCUMENTATION TO THE HEAD CHAPERONE TO DESCRIBE YOUR STUDENT'S MEDICAL CONDITIONS, PHYSICAL/ ACTIVITY LIMITATIONS, AND STEPS USED TO TREAT THESE CONDITIONS. NO INFORMATION IS TOO MUCH. WE WANT TO KEEP YOUR STUDENT HEALTHY AND SAFE DURING THE MARCHING BAND SEASON

Student name _____

Authorization Statement for Participation and Medical Treatment

I hereby give my authority to administer medical treatment, including surgery, in case of medical emergency to my child.

I also give my permission to give first aid and administer over-the-counter medication as deemed appropriate.

I understand all efforts will be made to contact me as soon as possible in the event my child needs serious medical attention.

I further agree to be legally responsible for all bills incurred for medical treatment, which may not be covered by group insurance.

I give permission for my child to participate in all school sponsored band activities for the current school year including band camp and all school approved trips and agree to support all rules and regulations set forth by the school district, high school, principal, and band director.

Parent/Guardian: _____

Date: _____