

North Pulaski High School Band

Medical Form

- 1) Student's Name _____ Date of Birth ____/____/____
2) Address _____ City _____ State ____ Zip _____
3) Student's Social Security Number (optional) _____
4) Home Phone _____
5) Parent or Guardian Name _____
6) Place of Employment _____ Work Phone _____
7) Insurance Company _____ Policy Number _____
8) Health History: (check)
 Diabetes Orthopedic Problems Asthma Epilepsy
 Cardiac Problems Other (please specify)
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- 9) Allergies: (check)
 Aspirin Penicillin Sulfa Insect Stings
 Other Medications or Allergies
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- 10) Do we have your permission to administer to your child? Aspirin Tylenol
11) Has your child had a current tetanus shot (within six years)? Yes No

PARENT AUTHORIZATION: This health history is correct to the best of my knowledge. I give permission to administer treatment and/or medication to my child.

Signature of parent or guardian

Date