

North Pulaski High School Band

**Medical Form**

1) Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

2) Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

3) Home Phone \_\_\_\_\_

4) Parent or Guardian Name \_\_\_\_\_

5) Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

6) Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

7) Health History: (check)

\_\_\_\_\_ Diabetes \_\_\_\_\_ Orthopedic Problems \_\_\_\_\_ Asthma \_\_\_\_\_ Epilepsy

\_\_\_\_\_ Cardiac Problems \_\_\_\_\_ Other (please specify)

8) Allergies: (check)

\_\_\_\_\_ Aspirin \_\_\_\_\_ Penicillin \_\_\_\_\_ Sulfa \_\_\_\_\_ Insect Stings

\_\_\_\_\_ Other Medications or Allergies

9) Do we have your permission to administer to your child? \_\_\_\_\_ Aspirin \_\_\_\_\_ Tylenol

10) 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