

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)

9) Allergies: (check)

Aspirin Penicillin Sulfa Insect Stings
 Other Medications or Allergies

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