

## Blazer Band Health Form

Student Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

SS# \_\_\_\_\_ Sex \_\_\_\_\_

Mother's name \_\_\_\_\_ Address \_\_\_\_\_

Phone(W) \_\_\_\_\_ (H) \_\_\_\_\_

Father's name \_\_\_\_\_ Address \_\_\_\_\_

Phone(W) \_\_\_\_\_ (H) \_\_\_\_\_

Family Physician \_\_\_\_\_

Medical Insurance Co \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Policy number \_\_\_\_\_ Group number \_\_\_\_\_

Does your policy require a second opinion or prior notification in the event of an emergency? \_\_\_\_\_

If your family does not have medical insurance, it may be purchased from Scholastic Insurers

### MEDICAL HISTORY

Indicate any significant conditions or illness in student's medical history.

List medications taken regularly by your child and reason for taking. (All medications in student's possession must be properly labeled and registered as per school policy.)

List any allergies that your child has.

List any surgeries or hospitalizations your child has had.

Describe any condition that may affect you child's ability to participate in the band program.

This information is accurate to the best of my knowledge.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_