

**MEDICAL INFORMATION**

**PENNCREST HIGH SCHOOL BAND**

Student Name: \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance company \_\_\_\_\_ Policy number \_\_\_\_\_

**Health History: (Check)**

- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Orthopedic Problems
- \_\_\_\_\_ Asthma
- \_\_\_\_\_ Epilepsy
- \_\_\_\_\_ Cardiac Problems
- \_\_\_\_\_ Migraines

**Allergies: (Check)**

- \_\_\_\_\_ Aspirin
- \_\_\_\_\_ Penicillin
- \_\_\_\_\_ Sulfa
- \_\_\_\_\_ Insect Stings
- \_\_\_\_\_ Tetracycline
- \_\_\_\_\_ Food Allergy (Specify \_\_\_\_\_)
- \_\_\_\_\_ Other (Specify \_\_\_\_\_)

**Do we have permission to administer the following to your child? (Check)**

- \_\_\_\_\_ Acetaminophen (Tylenol)
- \_\_\_\_\_ Sudafed
- \_\_\_\_\_ Benadryl
- \_\_\_\_\_ Ibuprofen (Advil)
- \_\_\_\_\_ Dramamine

Has your child had a tetanus shot current to within six years? \_\_\_ Yes \_\_\_ No

Do you know of any health factor that makes it advisable for your child to follow a limited program of physical activity or from participating in any activities? Explain.

Does your child have permission use the pool? \_\_\_ Yes \_\_\_ No  
(Swim areas may not be staffed by lifeguards. Trip participants swim at their own risk)

Please list any medications your child is currently taking or will be bringing:

Prescription medications must be kept by a chaperone, with the exceptions of epi-pens, inhalers, and insulin pumps.

I give permission to the physician or hospital to secure proper treatment for and to order medications, injections, anesthesia or surgery for my child as named above. I also understand that this medical information will be used on all music department functions throughout the year. If there are any additions or changes, I will notify the director in writing. I give permission for my child's medical information to be shared with the director, chaperones, and medical personnel if necessary, under HIPPA regulations.

\_\_\_\_\_  
Signature of Parent of Guardian

\_\_\_\_\_  
Date