**MEDICAL INFORMATION** **PENNCREST HIGH SCHOOL**

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
- ____ Migranes

Allergies: (Check)

- ____ Aspirin
- ____ Penicillin
- ____ Sulfa
- ____ Insect Stings
- ____ Tetracycline
- ____ Other (Specify)

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

- ____ Acetaminophen (Tylenol)
- ____ Sudafed
- ____ Benadryl
- ____ Ibuprofen (Advil)
- ____ Dramamine
- ____ Claratin ready-tabs

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