

STUDENT HEALTH FORM

PLEASE PRINT ALL INFORMATION

Student's Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Home Phone # _____

Parent/Guardian Name _____

Relative or Other Responsible Party _____

Phone # _____ Emergency # _____

Health History

Allergy to Drugs (specify) _____

Surgery (within last year) _____

Serious Medical Problems _____

Rheumatic Fever _____

Diabetes _____

Allergies/Hay Fever _____

Tetanus (date of last booster) _____

List any medications currently taking, dosage and frequency:

Is the student under medical treatment at present? _____

If yes, reason _____

Physician's Name _____

Physician's Phone # _____

Authorization and Consent to Treat a Minor

Student's Name

Student's Date of Birth

The undersigned does hereby authorize the staff and sponsors of the Washington High School Band with whom my child/ward travels or participates as agent for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general and special supervision of any licensed physician or dentist at a hospital, camp, or elsewhere.

The undersigned also authorizes the staff and/or sponsors to administer first aid treatment as deemed necessary in the absence of a physician.

The undersigned assumes complete financial responsibility for any and all care rendered or otherwise provided under this authorization.

This authorization will remain effective while the above minor is enroute to and from or involved with or participation in all Washington High School Band activities, unless revoked in writing by the undersigned and delivered to the aforesaid agent. This authorization shall not be affected by the death or disability of the undersigned.

Signature of parent/guardian

Relation to minor

Parent's Home Phone

Parent's Work Phone

Health Insurance Company

Health Insurance Policy Number

Please provide information on other side also.