

SCHS BAND MEDICAL FORM



Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Home Address: \_\_\_\_\_

Student Home Phone: \_\_\_\_\_

Parent/Guardian (1) Name: \_\_\_\_\_

Parent/Guardian (1) Cell#(s): \_\_\_\_\_ Home #: \_\_\_\_\_

Parent/Guardian (2) Name: \_\_\_\_\_

Parent/Guardian (2) Cell#(s): \_\_\_\_\_ Home #: \_\_\_\_\_

List ALL HEALTH ISSUES and ALLERGIES that may affect your child at performances, practices, and while traveling. Chaperones MUST have this information: \_\_\_\_\_

List ALL medication(s) your child takes: \_\_\_\_\_

List ALL medications your child will bring from home (i.e. inhalers): \_\_\_\_\_

Please check all medications your child is allowed to take as needed:

- Tylenol/ Extra Strength/ Sinus Aleve
Benadryl Motrin/ Ibuprofen
Sudafed Imodium or Pepto-Bismol
BUGSPRAY Zantac/ Tums/ Roloids

Has your child had a tetanus shot in the past 6 years? NO YES DATE: \_\_\_\_\_

Does your child have permission to participate in ALL activities including swimming? YES or NO
If NO, please specify: \_\_\_\_\_