

2016-2017 First Colonial High School Marching Band
Student Medical & Health Form

IMPORTANT! PLEASE READ: This form must be submitted by May 1st, 2018.. This Medical / Health form will be kept with the medical kit at all times in case of a medical emergency involving your student. Make sure ALL blanks are completed. If an item does not apply to your student, please put NA in the blank to insure accurate information. **Incomplete forms can not be accepted. Please make sure that the primary and secondary contact is someone who can be contacted at anytime while your student is participating in a band activity.**

Student's Full Name: _____ Birth Date: _____

Sex: _____ Grade: _____ (Starting in August 2017). Instrument: _____

Primary Emergency Contact* _____ Home Phone _____

Work Phone: _____ Cell or Other Phone: _____ Email: _____

Secondary Emergency Contact* _____ Home Phone: _____

Work Phone: _____ Cell or Other Phone: _____ Email: _____

Responsible Party (in case a hospitalization is required): _____ Home Phone: _____

Address & Zip: _____

Work Phone: _____ Cell or Other Phone: _____ Email: _____

Health History

1. Operations (within the last year) _____

2. Individual Health Concerns (Hyperventilation, fainting, seizures, etc.) _____

3. Tetanus (Date of last injection): _____

4. Student's Blood Type: _____

5. Does the student have, or ever have had, any of the following?
Rheumatic Fever: _____ Diabetes: _____ Epilepsy: _____ Asthma: _____ Seizures: _____ Allergic reactions to stings: _____

6. Allergies (medications, bee stings*, latex products, etc.). PLEASE LIST ALL: _____

**Note: Bee stings are common at band activities. If your student uses an Epi-pen, please provide one to be kept in the medical kit throughout the season.*

7. List ANY medications the student is or will be taking during the marching season.

8. Is the student presently under the care of a physician for any reasons? _____

9. Medical Exemptions (Blood transfusions, etc.) _____

10. Student's Physician _____ Physician Phone _____ Hospital _____

LIMITED POWER OF ATTORNEY

In the event that a serious emergency arises, it may be necessary for a physician to attend to your student before the staff can reach you or your designated physician. Such emergency care can be provided only if you sign the following **Authorization to Provide Medical Treatment**. (All information below is required for emergency treatment of your student).

AUTHORIZATION TO PROVIDE MEDICAL TREATMENT

I hereby give the band director or chaperone in charge of my son / daughter limited power of attorney to act in my absence and see that _____ (student's name) receives whatever medical treatment is necessary in the event of an emergency.

Family Insurance Company _____ Phone # _____ Policy # _____

Parent/Guardian Signature _____

