

**Pennsbury High School Marching Band: Member Health Information Data Form 2017-2018**

Name of Band Member (Last, First, MI): \_\_\_\_\_

Grade 2017-2018 School Year: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Band Member's Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Band Member Home Address: \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Emergency Contact & Phone #: (home & cell): \_\_\_\_\_

Relationship to Band Member: \_\_\_\_\_

Health History (check all that apply):	Allergies:	Food Allergies:
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Aspirin	<input type="checkbox"/> Nuts-type _____
<input type="checkbox"/> Orthopedic problems	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Chocolate
<input type="checkbox"/> Asthma	<input type="checkbox"/> Sulfa	<input type="checkbox"/> *Other _____
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Insect stings	
<input type="checkbox"/> Cardiac problems	<input type="checkbox"/> Tetracycline	Other:
<input type="checkbox"/> *Other (seizures, low blood sugar, etc.)	<input type="checkbox"/> *Other Meds	<input type="checkbox"/> Latex

\*Please elaborate: \_\_\_\_\_

If child is currently on medication(s), what is it? \_\_\_\_\_ Dosage: \_\_\_\_\_

If child carries other medication, please indicate: \_\_\_\_\_

*(All students with an allergy must provide an Epi Pen to use in emergencies – due the first day of band camp)*

Do we have permission to administer to your child (Answer YES or NO):

<input type="checkbox"/> Pepto Bismol/Tums (1-2 tabs)	<input type="checkbox"/> Sudafed	<input type="checkbox"/> Imodium	<input type="checkbox"/> Throat Lozenges
<input type="checkbox"/> Benadryl (25mg/1-2 tabs, for allergic reasons)	<input type="checkbox"/> Tylenol (325mg/1-2 tabs)	<input type="checkbox"/> Motrin or Advil (200mg/1-2 caps)	

Date of last tetanus shot: \_\_\_\_\_ My child can swallow a pill: \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you know of any health factors such as knee/joint problems that makes it advisable for your child to follow a limited program of physical activity or from participating in any activities? If yes, please explain. Mention any recent surgery, illness, broken bones, injuries, allergies (other than to drugs) or physical condition: \_\_\_\_\_

All students are required to be covered by a personal/family medical plan including hospitalization before they may participate in this activity. Parent/Guardian certifies that the student is covered by the following policy:

I/We appoint the Pennsbury School District, or any authorized officer, agent or employee of that district our legal representative for the purpose of authorizing of any medical treatment to the above minor for injuries or illness that occur in the course of the school activity.

The student name above is a minor who resides with Parent/Legal Guardian at the address indicated above. He/She is also a student of the Pennsbury School District, enrolled in the grade indicated above.

**I HAVE READ AND UNDERSTAND THIS RELEASE. I CERTIFY BY MY SIGNATURE THAT I HAVE LEGAL CUSTODY OF THE MINOR.**

Parent/Legal Guardian Name (Print)

Parent/Legal Guardian (Signature)

Date