

**DUE PRIOR TO PARTICIPATION IN ANY  
REHEARSAL OR PERFORMANCE**

**STAFF USE ONLY**

Health Problems  
 Allergies

# UNIVERSITY HIGH SCHOOL BAND STUDENT HEALTH FORM

1. Student's Name: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)
2. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ 3. Home Phone Number: \_\_\_\_\_
4. Address \_\_\_\_\_  
(STREET)  
\_\_\_\_\_  
(CITY) (STATE) (ZIP)
5. Parent/Guardian Name: \_\_\_\_\_
6. Parent/Guardian E-mail: \_\_\_\_\_
7. Parent/Guardian Employer: \_\_\_\_\_
8. Parent/Guardian work and/or cell Phone: \_\_\_\_\_ (w) \_\_\_\_\_ (c)
9. Emergency contact if a parent/guardian cannot be reached: \_\_\_\_\_  
(NAME)  
\_\_\_\_\_  
(PHONE NUMBER)
10. Does student have insurance through parent employer? \_\_\_\_\_ Yes \_\_\_\_\_ No
11. If yes, name of insurance company: \_\_\_\_\_
12. Policy number: \_\_\_\_\_
13. Student's physician: \_\_\_\_\_ 14. Physician's phone number: \_\_\_\_\_
15. Health History: (check all that apply)
- Diabetes
  - Orthopedic Problems
  - Asthma
  - Epilepsy
  - Cardiac Problems
  - Other (Specify) \_\_\_\_\_
16. Allergies: (check all that apply)
- Medication (Specify) \_\_\_\_\_
  - Food (Specify) \_\_\_\_\_
  - Insects (Specify) \_\_\_\_\_
  - Latex \_\_\_\_\_
17. Medications: At home \_\_\_\_\_  
At School \_\_\_\_\_
- Remember: All medication, including over the counter medication requires a Dr. Order
18. Has student had a tetanus shot current within six years? \_\_\_\_\_ Yes \_\_\_\_\_ No
19. 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? \_\_\_\_\_ Yes \_\_\_\_\_ No
- If yes, please explain: \_\_\_\_\_

*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.*

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
(DATE)