

All information provided on this form is CONFIDENTIAL. This will only be used by necessary parties.

STUDENT NAME: _____ DATE OF BIRTH: ____/____/____

MEDICAL HISTORY

Physician Name: _____ Phone #: _____

What is the general health of your child?	EXCELLENT	GOOD	FAIR	POOR
Is your child currently under medical treatment?*	YES	NO		
Has your child been hospitalized in the past three years?*	YES	NO		

* If yes, for what? _____

Is your child currently taking any medication? YES NO

If yes, list all _____

Does your child have any allergies? (food, medications, bee stings, etc.) YES NO

If yes, list all _____

Any history of abnormal bleeding associated with minor scrapes or cuts? YES NO

If yes, explain _____

Are there any diseases, conditions, or problems not listed above that we should be aware of? _____

Please circle any of the following that apply:

- | | | | | | |
|---------------|-----------------|-----------------|------------------|-------------|--------|
| Heart trouble | Kidney Problems | Sinus Trouble | Diabetes | Contacts | Hernia |
| Anemia | Heart Murmur | Heat Stress | Headaches | Orthodontic | Ulcers |
| Epilepsy | Asthma | Fainting Spells | Stomach Problems | Appliance | |

INSURANCE INFORMATION

Name of Insured (First, M.I., Last): _____

Relationship to Child: _____ DATE OF BIRTH: ____/____/____

Employer: _____

Full Address of Employer: _____

Health Insurance Provider _____

Address: _____ Claim Phone #: _____

Group #: _____ ID #: _____

EMERGENCY CONTACT Names & Numbers _____

I hereby grant permission to the Floyd Central Band Director, or his designated adult representative, to employ first aid treatment or transport to a medical facility, as necessary or advisable in the event of an emergency/accident involving my child while associated with the Floyd Central Band Program. I further agree to be available during band trips at one of the listed emergency contact numbers.

Signature of Parent or Legal Guardian Date Signature of Band Director