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