

McKeesport Instrumental Music Student Health Form
Band, Orchestra, Color Guard

School _____ Grade _____

Child's Full Name _____ M ___ F ___

Date of Birth _____ Home Phone _____

Address _____

Parent/Guardian _____

Contact Numbers (Work) _____ (Cell) _____

(Other) _____

Responsible Adult (other than parent) _____

Contact phone number _____

Health History:

Surgery (within last year) _____

Serious Medical Problems _____

Rheumatic Fever _____ Diabetes _____ Epilepsy _____

Allergies _____

Tetanus shot date _____

List any special health

considerations: _____

ALLERGIES to DRUGS _____

List all medications student is taking: _____

Is student currently under medical treatment? _____

Please give condition. _____

Family Physician _____ Phone _____

Permission to give student over the counter drugs. yes _____ no _____

This signature is permission for treatment of child by physician and/or hospital for any medical or surgical emergency in addition to staff R.N. or paramedic treatment if needed.

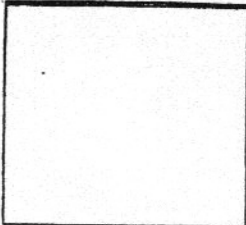
Parent/Guardian Signature _____

Insurance _____ ID number _____

Group number _____ Policy number _____

Insurance Company contact phone numbers _____

Parent/Guardian Signature _____ Date _____



(Attach student picture here with tape.)