



# Broadneck High School Music

www.BHSMusic.org

## 2018 Student Health Form

*Students will not be allowed to participate in marching band with an incomplete form!*

**SIGN AND  
RETURN  
BY 6/8/18**

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Emergency Contact Person (other than parent):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Group #: \_\_\_\_\_

Insurance Company Phone #: \_\_\_\_\_

Does your child have any pre-existing conditions that could affect their ability to participate in marching band activities? Yes \_\_\_ No \_\_\_ If yes, please explain:

Does your child require any medical treatments, such as inhalers, nebulizers, glucose monitoring? Yes \_\_\_ No \_\_\_ If yes, please list the treatment, frequency and times needed. **It is the responsibility of the parent and child to be prepared during rehearsals and scheduled activities. (i.e. inhalers, epi-pens etc. must be provided by and kept with the child).**

Does your child have any allergies to food, medication or other substances? Yes \_\_\_ No \_\_\_ If yes, please list the allergen and their specific reaction.

Does your child take any medication: Yes \_\_\_ No \_\_\_ This includes both prescription medications as well as over the counter medications (such as Tylenol, Advil, Benadryl, etc.) If yes, please list the name of the medication, the dose, when taken and why they take it.

Date of last tetanus shot? \_\_\_\_\_

I give permission for immediate medical treatment as required. Notify me as soon as possible.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_