



Broadneck High School Music

www.BHSMusic.org

2019 Student Health Form

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

**SIGN AND
RETURN
BY 6/7/19**

Student Name: _____
 Date of Birth: _____
 Address: _____
 Home Phone: _____ Student Cell #: _____
 Father's Name: _____ Work #: _____ Cell #: _____
 Mother's Name: _____ Work #: _____ Cell #: _____
 Parent Email: _____ Student Email: _____

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: _____