MONACHE HIGH SCHOOL
MARAUDER BAND – MEDICAL HISTORY FORM

STUDENT INFORMATION:

STUDENT NAME _____ DATE OF BIRTH:_____ GRADE: _____

STUDENT ADDRESS_____

Street City Zip

STUDENT PHONE: _____ STUDENT EMAIL: _____

PARENT/GUARDIAN INFORMATION:

PARENT/GUARDIAN NAME:_____ ADDRESS:_____

HOME PHONE : _____ WORK PHONE: _____ CELL PHONE:_____

PARENT EMAIL: _____PARENT EMAIL: _____

PARENT/GUARDIAN NAME:_____ ADDRESS:_____

HOME PHONE : _____ WORK PHONE: _____ CELL PHONE:_____

EMERGENCY MEDICAL AND HEALTH HISTORY INFORMATION

ARE THERE ANY PHYSICAL LIMITATIONS THAT SHOULD BE KNOWN? (If so please specify):

_____

HISTORY OF ANY OF THE FOLLOWING ILLNESSES OR ALLERGIES - CHECK ALL THAT APPLY

____ASTHMA
____EPILEPSY
____HEART TROUBLE
____SINUS INFECTION
____APPENDICITIS
____KIDNEY TROUBLE
____ DIABETES
____FAINTING SPELLS
____HERNIA (RUPTURE)
____BRONCHITIS
____PLANT ALLERGIES*
____CONVULSIONS
____NOSEBLEEDS
____CRAMPS
____OTHER (PLEASE LIST)
____MEDICATION ALLERGIES*
____INSECT BITE ALLERGIES*
____FOOD ALLERGIES*
____RHEUMATIC FEVER

MEDICATIONS – PLEASE LIST ALL MEDICATIONS THE CHILD IS PRESENTLY TAKING

NAME OF MEDICATION	DOSAGE		TIMES TAKEN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____ ____	_____	_____	_____

DATE OF LAST TETANUS INJECTION _____ DATE OF LAST MEDICAL EXAM_____
WEAR GLASSES OR CONTACT LENSES _____ WEAR BRACES _____

IF AN EMERGENCY SHOULD ARISE WHICH REQUIRES IMMEDIATE MEDICAL ATTENTION, AND I /GUARDIANS ARE UNABLE TO GIVE MY CONSENT OR MY NEAREST RELATIVE CANNOT BE CONTACTED YOU ARE AUTHORIZED TO INITIATION WHATEVER STEPS ARE NEEDED TO PROTECT MY CHILD'S HEALTH

PRINT NAME: _____SIGNED _____ DATE_____

PARENT/GUARDIAN - NEAREST RELATIVE TO CONTACT IN CASE OF EMERGENCY

_____

NAME ADDRESS RELATIONSHIP PHONE

EMERGENCY CONTACT IF NEAREST RELATIVE IS NOT AVAILABLE

_____

NAME ADDRESS RELATIONSHIP PHONE

NAME OF PHYSICIAN_____ PHONE _____

PERSONAL MEDICAL INSURANCE (1)_____ POLICY # _____

(2)_____ POLICY # _____