

Morgantown High School Band
109 Wilson Avenue
Morgantown, WV 26501

Medical History

Student's Name: _____ Date of Birth __/__/__
(Please Print) Last First Middle

Health History: (check all that apply)

- Asthma
- Cardiac Problems
- Epilepsy or Seizures
- Diabetes
- Orthopedic Problems
- Other (Please explain) _____

Allergies: (check all that apply)

- Aspirin
- Insect Stings/Bites
- Penicillin
- Sulfa
- Tetracycline
- Other (Please explain)

Does student have medical insurance __Yes__No Policy # _____

If yes, Name of Insurance Company: _____

Has student had a tetanus shot within the past 6-years __Yes__No Yr. given _____

We have permission to administer to your child: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Tums, Pepto-Bismol | <input type="checkbox"/> Tylenol |
| <input type="checkbox"/> Advil, Motrin | <input type="checkbox"/> Aleve |
| <input type="checkbox"/> Dramamine | <input type="checkbox"/> Benedryl |
| <input type="checkbox"/> Sore throat lozenges | <input type="checkbox"/> Anbesol for mouth pain |
| <input type="checkbox"/> Abreva for cold sores | <input type="checkbox"/> Lubricating Eye drops |
| <input type="checkbox"/> Sunscreen | |

Home medications. Name of Drug, Dose, Frequency,

Above student is able to administer own medications. __Yes__No

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Do you know of any health factors that make it advisable for your child to follow a limited program of physical activity? __Yes__No If yes, please explain: _____

Students Doctor _____ Phone # _____

Parent/Guardian Name: _____ Home # _____

Fathers Mobile # _____ Mothers Mobile # _____

Parent/Guardian Home Address _____

Parent/Guardian Employer _____ Work # _____

Emergency Contact: Name: _____ Phone # _____

(If unable to reach Parent/Guardian)

In accordance with the rules of the WVSSAC, I give my consent and approval to the participation for the student named above to participate in the MHS Band and I also give my consent for the physician in attendance and the appropriate medical staff to give treatment at any band event for any injury.

Parent/Guardian Signature

Date