

East Hall High School Band Health Form

As a member of the East Hall High School Band Program, the students are often traveling and should the need arise, medical assistance may be required. Parents, please take the time to fill this form out completely. This information will not be made public and will be kept safe but it is required so that we can ensure the well-being of your student(s). THESE FORMS MUST BE TURNED IN ASAP!!!

Student Information:

Full Name _____ D.O.B. _____
Address _____ Current Grade _____ Age _____

City _____ State _____ Zip _____
Parent or Legal Guardian(s) _____
Home Phone _____ Emergency # _____

Check all that apply to the above student's Health History

- | | | | |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Insect Bites | <input type="checkbox"/> Food |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Rubella | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Poison Ivy/Oak | _____ |

Indicate other diseases or offer details for above listed: _____

Any recent hospitalizations or injuries (list dates): _____

Please list any and all medications the student is currently taking and for what condition:

How are they to be administered? _____

Any other problems the Directors and Staff should be aware? _____

Immunization Record: (Please give dates of most recent immunization)

- | | | |
|--|---|---|
| <input type="checkbox"/> DPT _____ | <input type="checkbox"/> Oral Polio _____ | <input type="checkbox"/> Mumps _____ |
| <input type="checkbox"/> Rubella _____ | <input type="checkbox"/> Measles _____ | <input type="checkbox"/> TB Results _____ |