

STOUGHTON HIGH SCHOOL MARCHING BAND

Please *PRINT Neatly*

MEDICAL INFORMATION

School Name: Stoughton High School

1. Student's Name: _____ 2. Age: _____

3. Address: _____ 4. Date of Birth: _____

5. Phone No. _____

6. Parent or Guardian Name: _____

7. Emergency Contact's Name 1: _____ Phone _____ Cell _____

Name 2: _____ Phone _____ Cell _____

Name 3: _____ Phone _____ Cell _____

8. Business Address: _____ 9. Business Phone: _____

10. Does student have insurance through parent employer? _____

11. If yes to No. 10, Name of Insurance Co. _____

12. Policy No. for No. 11: _____

13. Health History: (check)

- ____ Diabetes
- ____ Orthopedic Problems
- ____ Asthma
- ____ Epilepsy
- ____ Cardiac Problems

14. Allergies: (check)

- Medications ____ specific _____
- Food ____ specific _____
- Insect Stings ____ specific _____
- Other ____ specific _____
- TREATMENT _____

15. Do you know of any health factor that makes it advisable for your child to follow a limited program of physical activity or from participating in any activities? If yes, please explain. Mention any recent surgery, illness, broken bones, injuries, allergies (other than drugs) or other physical condition.

16. Date of last physical: _____

** As per MA Regulations 105 CMR 201.000, all Marching Band participants must present an updated physical exam annually. Physical exams can not be more than 13months old.

PARENT'S AUTHORIZATION: This health history is correct to the best of my knowledge and the student herein described has permission to engage in all activities, unless noted by me. I give permission to the physician or hospital selected by a medical representative of my son or daughter's school to hospitalize, secure proper treatment for and to order medications, injections, anesthesia or surgery for my child as named above.

Parent or Guardian Signature

Date

Any information given on this form will be held in strict confidence