Pennsbury High School Marching Band
Band Member Health Information Data Form - 2009-10

1. Name of Band Member (Last, First, MI): _____
2. Grade 2009-10 School Year: _____ 3. Age: _____ 4. Date of Birth: _____
5. Student's Social Security #: _____ (not mandatory)
6. Student's: Home phone #: _____ Cell phone #: _____
7. Band Member Home address: _____
8a. Name: Parent/Guardian #1: _____
Home phone #: _____ Cell phone#: _____
8b. Business Address: _____ Business phone#: _____
9a. Name: Parent/Guardian #2: _____
Home phone #: _____ Cell phone#: _____
9b. Business Address: _____ Business phone#: _____
10. Emergency Contact and Phone **#:** _____
Relationship to Band Member: _____

11. Health History (check those that apply):	Allergies:	Food Allergies:
___ Diabetes	___ Aspirin	___ Nuts – type _____
___ Orthopedia problems	___ Penicillin	___ Chocolate
___ Asthma	___ Sulfa	___ * Other
___ Epilepsy	___ Insect stings	
___ Cardiac problems	___ Tetracycline	Other:
___ * Other (seizures, low blood sugar, etc.)	___ * Other meds	___ Latex

* Please elaborate: _____
12. If child is currently on medication(s), what is it? _____ Dosage: _____
13. If child carries bee sting kit or other medication, please indicate: _____

14. Do we have permission to administer to your child (Answer Yes or No):

____ Pepto Bismol/Tums (1-2 tabs)	____ Sudafed	____ Immodium
____ Throat lozenges	____ Benadryl (25 mg.) (1-2) for allergic reasons	
____ Tylenol (325 mg.) (1-2)	____ Motrin or Advil (200 mg.) (1-2 caps)	

15. Has your child had a tetanus shot current to within 6 years? ____ Yes ____ No
16. Do you know of any health factor such as chronic knee problems 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 to drugs) or physical condition:
_____
_____
17. All students are required to be covered by a personal/family medical plan including hospitalization before they may participate in this activity. Parent/guardian certifies that the student is covered by the following policy (Provide Insurance company name and policy #): _____
_____
18. We appoint the Pennsbury School District, or any authorized officer, agent or employee of that district our legal representative for the purpose of authorizing the administration of any medical treatment to the above minor for injuries or illness that occur in the course of the school activity.
19. The student named above is a minor who resides with parent/legal guardian at the address indicated above. He/she is also a student of the Pennsbury School District enrolled in the grade indicated.
WE HAVE READ AND UNDERSTAND THIS RELEASE. WE CERTIFY THAT THE FOLLOWING SIGNATURES ARE THOSE OF THE MINOR AND ALL PERSONS WHO HAVE OR SHARE LEGAL CUSTODY OF THE MINOR.

_____	_____	_____
Parent/Legal Guardian	Student	Date