

Pennsbury High School Marching Band
Band Member Health Information Data Form 2011-12
Must be completed and signed by Parent/Legal Guardian

1. Name of Band Member (Last, First, MI): _____

2. Grade 2011-12 School Year: _____ 3. Age: _____ 4. Date of Birth: _____

5. Band Member's: Home phone #: _____ Cell phone #: _____

6. Band Member Home address: _____

7a. Name: Parent/Guardian #1: _____

Home phone #: _____ Cell phone#: _____

7b. Work Address: _____ Work phone#: _____

8a. Name: Parent/Guardian #2: _____

Home phone #: _____ Cell phone#: _____

8b. Work Address: _____ Work phone#: _____

9. Emergency Contact and Phone # (home & cell): _____

Relationship to Band Member: _____

10. Health History (check those that apply):	Allergies:	Food Allergies:
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Aspirin	<input type="checkbox"/> Nuts – type _____
<input type="checkbox"/> Orthopedic problems	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Chocolate
<input type="checkbox"/> Asthma	<input type="checkbox"/> Sulfa	<input type="checkbox"/> * Other
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Insect stings	
<input type="checkbox"/> Cardiac problems	<input type="checkbox"/> Tetracycline	Other:
<input type="checkbox"/> * Other (seizures, low blood sugar, etc.)	<input type="checkbox"/> * Other meds	<input type="checkbox"/> Latex

* Please elaborate: _____

11. If child is currently on medication(s), what is it? _____ Dosage: _____

12. If child carries other medication, please indicate: _____

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

<input type="checkbox"/> Pepto Bismol/Tums (1-2 tabs)	<input type="checkbox"/> Sudafed	<input type="checkbox"/> Imodium
<input type="checkbox"/> Throat lozenges	<input type="checkbox"/> Benadryl (25 mg.) (1-2) for allergic reasons	
<input type="checkbox"/> Tylenol (325 mg.) (1-2 tabs)	<input type="checkbox"/> Motrin or Advil (200 mg.) (1-2 caps)	

14. Date of last tetanus shot? _____

15. Do you know of any health factor such as knee/joint 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:

16. 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. Please attach a copy of the insurance card with name and policy#. Copy provided: yes _____ no _____

17. I/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.

18. 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.

I HAVE READ AND UNDERSTAND THIS RELEASE. I CERTIFY BY MY SIGNATURE BELOW THAT I HAVE LEGAL CUSTODY OF THE MINOR.

Parent/Legal Guardian Name (Please print) Parent/Legal Guardian Signature Date

The personal information requested will only be used for purposes related to the Boosters and will not be distributed beyond.