

Blythewood High School Band
2010 - 11 Health Form
(please print)

**Copy of Insurance
Card Here**

Student's Name _____ Date of Birth ___/___/___
Name of Parent(s)/Guardian(s) _____
Address _____ Home Phone _____
Business Phone (Mother) _____ (Father) _____
Emergency Contact (other than above) _____ Phone _____

Does student have school insurance? (Notify if this changes) _____
Parent/Guardian Insurance _____ Policy # _____
Military Dependent? _____ Military ID # _____

Allergies: _____
Medication: Penicillin _____ Sulfa _____
Others _____

Have you had medical attention or seen a doctor about (please circle if yes): Epilepsy, Rheumatic
Fever, Dizziness or fainting spells, eye ear nose or throat trouble, frequent colds, hayfever,
asthma, palpitation of the heart, stomach trouble, jaundice or hepatitis, diabetes, kidney or
urinary trouble. Please explain _____

Does this student have permission to go swimming? _____

The school has my permission to call my family physician or another physician in an emergency
when my family physician or myself cannot be contacted.

Name of family physician _____ Phone _____

Alternate physician _____ Phone _____

Caution

By law, a parent cannot consent in advance to any and all manner of emergency care. It is
understandable that in cases (other than the need for immediate emergency treatment) the
attending physician may defer treatment pending the parent's express permission to administer
specific professional service.

Signature of Parent/Guardian _____ Date _____

All Information Provided Will Be Confidential