

**SMHS BAND STUDENT MEDICAL FORM**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Allergies: \_\_\_\_\_

Are all vaccines up to date? \_\_\_\_\_ Date of Last Tetanus Booster: \_\_\_\_\_

Any Medical Conditions? \_\_\_\_\_

Taking Medicines? If yes, please list: \_\_\_\_\_

Contact Lenses?      Yes      or      No      (*Please circle one*)

Parent(s) / Legal Guardian(s) Names: \_\_\_\_\_

Emergency Phone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

Physician's Name / Phone Number: \_\_\_\_\_

Our Director / Chaperones have the following medications available:

Advil/ Ibuprofen	Dramamine	Sudafed
Benadryl	Pepto-Bismol	Triple Antibiotic Ointment or Cream
Burn Ointment or Cream	Rolaids	Tylenol / Acetaminophen
Claritin	Steroid Cream	

Do you give permission for us to administer these over-the-counter medications to your student?

\_\_\_\_ Yes

\_\_\_\_ No (Please cross out any medicines you **DO NOT** want given to your student.)

**I hereby give permission for the Starr's Mill Band Boosters and staff to seek medical attention and release medical history forms for my student as deemed necessary.**

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Parent / Guardian Signature

Date