

Medical History and Permission Form

I grant permission to the directors of the Norwin High School Band, Robert Traugh, Gregory Ondayko, Kimberly Glover, and Tommy Allen to act as guardians/spokesmen in granting permission for emergency hospitalization/treatment (including anesthesia) for _____ (student's name)

my (son/daughter/ward) _____ while (he/she) _____ is traveling with the above named group, if the situation becomes necessary.

Signature of Parent/Guardian

Name of Parent/Guardian (please print)

Signature of Emancipated Minor

Name of Emancipated Minor (please print)

*****I grant my permission for my child to receive one of the following medications for mild headache, menstrual cramps, or musculoskeletal pain from the health team while participating in band activities (Please circle):**

Tylenol (acetaminophen) 325mg, 1 or 2 tablets every 6 hours as needed: **yes/no**

Motrin (ibuprofen) 200mg, 1 or 2 tablets every 6 hours as needed: **yes/no**

(for notary use only)

Sworn and Subscribed to before me _____
this _____ day of _____, _____.

History

Address _____

_____ Zip _____

Birth date ____/____/____ Religion _____

Have you ever had a history of:

Diabetes: **yes/no**
High blood pressure: **yes/no**
Asthma: **yes/no**
Rheumatic Fever **yes/no**
Seizures **yes/no** (if yes, include date of most recent seizure) _____

Medication	Dose	Frequency	Reason for taking

For additional medications please list on back of this form

Allergies (foods, medicines, please also indicate type of reaction(s))

Any other health conditions/concerns:

Guardian's address _____

_____ Zip _____

Telephone number _____ Emergency Number _____

Guardian's Employer _____

Health Insurance Policy Number _____

Health Insurance Company _____