ONALASKA HIGH SCHOOL MUSIC DEPARTMENT
EMERGENCY HEALTH FORM

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

Check the boxes for the groups your student will be participating in. (We use this form when we travel outside of the school building. We will make copies, so you only need to fill this out one time.)

☐ Band ☐ Choir ☐ Show Choir (Singer Dancer) ☐ Show Band

GUARDIANS:

NAME: _____ NAME: _____

home: _____ home: _____

cell: _____ cell: _____

work: _____ work: _____

Email: _____ email: _____

Emergency contact: _____

Relationship: _____ phone: _____

MEDICAL HISTORY

CURRENT CONDITIONS, or HISTORY OF CONCERN (i.e., diabetes, asthma, syncope, specific heart conditions, hypoglycemia, etc.):

_____

_____

_____

_____

(**Important: Second Page - OVER)**

Known allergies AND SPECIFIC REACTION TO EACH: (medication, food, bees, etc.):

_____

_____

_____

_____

Current medications, vitamins & supplements (Include milligram dosage & schedule):

_____

_____

_____

_____

Date of last Diphtheria/Tetanus (DT): _____

Name of Private Insurance Carrier: _____

Policy Number: _____

Physician:

Name: _____ phone: _____

Any additional information that may be useful in an emergency:

_____

_____

_____

****If information changes on this form, please print and update the information and give it to a music teacher so we have the most up-to-date information available.****

I am the legal guardian of the above-named student and permit my student to be treated in a medical emergency if I am unable to be immediately reached.
The health information for my student that is on file with the School District of Onalaska is current.

(Guardian Signature) _____ Date: _____