

MEDICAL INFORMATION FORM

STUDENT: _____

SEX (M) (F) (Non-Binary) (Other) BIRTHDATE ____/____/____

INSURANCE CARRIER: _____

POLICY NUMBER: _____

PARENTS/SUBSCRIBER: _____

PLEASE COMPLETE THE QUESTIONS BELOW. It is important that we have medical information in order that we may care for your student in case of an emergency.

1. DOES THE STUDENT HAVE CHRONIC HEALTH PROBLEMS?

2. IS THE STUDENT ALLERGIC TO MEDICATIONS?

3. DOES THE STUDENT HAVE ALLERGIES?

4. IS THE STUDENT CURRENTLY TAKING ANY MEDICATION(S)?

5. WHAT IS THE DATE OF THE STUDENT'S LAST TETANUS SHOT?

6. PLEASE LIST ANY ADDITIONAL PERTINENT INFORMATION WE SHOULD BE AWARE OF.

7. NAME OF FAMILY PHYSICIAN: _____

8. TELEPHONE & ADDRESS FOR FAMILY PHYSICIAN:

In case of minor illness, the Hillsboro High School band director or chaperones have my permission to give over the counter drugs such as Tylenol, Maalox, Sudafed, Ibuprofen or Dramamine to my child.

YES _____ NO _____

Parent/Guardian Signature

Date