

# Litchfield High School Marching Band

## Health Record

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade Next Year \_\_\_\_\_  
Mother \_\_\_\_\_ Address \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Father \_\_\_\_\_ Address \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Students lives with: Both Parents \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_ Guardian \_\_\_\_\_  
If living with guardian, please give name, address, and phone numbers  
Emergency Contact Person (If parent/guardian unavailable) \_\_\_\_\_ Phone \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

### Insurance Information:

Insurance Company Name \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Name of Policy Holder \_\_\_\_\_

### Student's Medical History:

Does Student ..... Wear contact lenses? Yes No  
Wear hearing aids? Yes No  
Have any allergies? Yes No  
List \_\_\_\_\_  
Have any chronic medical problems? Yes No  
Explain \_\_\_\_\_  
Have immunizations up to date? Yes No  
Date of last tetanus booster \_\_\_\_\_  
Have any history of heart problems? Yes No  
Explain \_\_\_\_\_  
Have any history of heat exhaustion? Yes No  
Explain \_\_\_\_\_

List any present medical problems and daily management for them: \_\_\_\_\_

### Medications, dosage and frequency

(Sufficient quantities of routine medications for dispensing on any trip must be provided to chaperones prior to departure)  
List any known side effects of the medication that you taking \_\_\_\_\_

Check this box if you have medications listed with the High School at this time.

### AUTHORIZATIONS:

**In the event that no one can be reached at the home, work, or emergency phone numbers, I give my permission for a marching band chaperone to take my child to the doctor and /or hospital if a medical emergency should arise.**

Parent or Guardian Signature \_\_\_\_\_

**I give my permission for a marching band chaperone to give Tylenol (Acetaminophen) or Advil (Ibuprofen) to my child should he/she ask for it.**

**Amount to be given? (500mg/ 1 pill) or (1000mg/ 2 pills)**

**Can we alternate drug types every two hours? \_\_\_\_\_**

Parent or Guardian Signature \_\_\_\_\_