STUDENT HEALTH HISTORY FOR ROLLING MEADOWS MUSIC DEPARTMENT

(Please print)

STUDENT NAME ____ DATE OF BIRTH ______________________

PARENT/GUARDIAN __________________________ HOME PHONE # ________________________________

ADDRESS, CITY ______ ______________________________ BUSINESS PHONE # ______________________

EMERGENCY CONTACT (other than parent) _____________________ PHONE # __________________________

FAMILY PHYSICIAN ___________________________________ OFFICE PHONE # ________________________

HEALTH HISTORY: (please give dates where known) *COMPLETE ON ADDITIONAL PAPER IF NEEDED*

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OPERATION (within last two (2) years ________________________________ RHEUMATIC FEVER ____________

EMOTIONAL PROBLEMS (i.e., hyperventilation, hysteria) ____

SERIOUS MEDICAL PROBLEMS _______________________ MEDICATION TAKEN _________________________

DIABETES ___________ NAME OF INSULIN TAKEN, AMOUNT AND TIME ________________________________

EPILEPSY __________ MEDICATION TAKEN, AMOUNT AND TIME ______________________________________

TRANQUILIZERS _________ ALLERGY TO DRUGS (specify i.e. penicillin, insulin, sulfa, etc.) ________________

ARE YOU PRESENTLY UNDER TREATMENT FOR ANY MEDICAL PROBLEM? _______

IF YES IDENTIFY: ____

PHYSICAL CONDITIONS THAT MAY LIMIT MARCHING BAND ACTIVITIES? ______

IF YES PLEASE LIST: ____

PLEASE LIST ANY OTHER MEDICATIONS YOUR STUDENT IS TAKING ON AN ADDITIONAL SHEET OF PAPER.

CAN TAKE AND HAVE APPROVAL TO TAKE: ASPIRIN TYLENOL MOTION SICKNESS MEDICATION

DATE OF LAST TETANUS SHOT _______________ SPECIAL DIETARY NEEDS? ______

PLEASE LIST: ____

MEDICAL RELEASE:

STUDENTS COVERED BY GROUP OR OTHER MEDICAL INSURANCE AS FOLLOWS:

NAME OF INSURED __________________________ INSURANCE COMPANY ______________________________

GROUP # _________________________________ POLICY # _______________________________________

ROLLING MEADOWS HIGH SCHOOL MUSIC DEPARTMENT TRAVEL CONSENT/MEDICAL RELEASE FORM

TRAVEL CONSENT

As parent/guardian of ______________________________________ (name of student), I give my permission for his/her travel with the Rolling Meadows High School Music Department from June 15, 2016 to July 5, 2017. I am fully aware of District 214 and Rolling Meadows High School Music Department policies concerning student behavior and discipline, and the student for whom I am responsible has been impressed with the importance of those policies. I further agree that in the event of disciplinary action requiring my student to be returned home, I will assume the full cost of the return trip.

Date: _______________ Parent Signature: ______________________________

EMERGENCY MEDICAL TREATMENT

As parent/guardian of ______________________________________ (name of student), I authorize treatment of the above-mentioned student by a nurse or qualified physician in the event the student would require medical treatment. I understand that should a serious or life-threatening medical emergency arise, initial treatment of the student may be rendered by an individual trained in first aid, if, in the opinion of that individual, delay might endanger his/her life, cause disfigurement, physical impairment or undue discomfort. In the Medical Information portion of the form, I have listed any allergies, on-going medical treatment or medical problems, which might influence treatment of the student. I will be responsible for charges incurred for the student's treatment. This permission is granted with the under-standing that, except in a serious medical emergency, a reasonable effort will be made to inform me prior to treatment.

Date: _______________ Parent Signature: ______________________________