

**INSTRUMENTAL MUSIC DEPARTMENT
STUDENT HEALTH HISTORY/MEDICAL RELEASE FORM**

SCHOOL _____ GRADE _____ DATE _____

STUDENT'S FULL NAME _____ MALE _____ FEMALE _____

(last) (first) (middle)

DATE OF BIRTH _____ HOME TELEPHONE _____

ADDRESS _____ ZIP CODE _____

PARENT (GUARDIAN) _____

(last) (first) (middle)

HOME TELEPHONE _____ WORK NUMBER _____

RELATIVE OR OTHER RESPONSIBLE PARTY _____

(last) (first) (middle)

HEALTH HISTORY: (please give dates where known)

Operation (within the last year) _____

Emotional Problems (i.e. hyperventilation, hysteria) _____

Serious Medical Problems _____

Rheumatic Fever _____

Diabetes _____

Epilepsy _____

Allergies: (Insect bites, food, etc.) _____

Tetanus—Last injection _____

Any special health problems presently or in the past _____

(continue on the back)

Allergies to drugs (specify i.e., Penicillin, Insulin, etc...) _____

Is student taking any medicine or under medical treatment at present? (Please specify) _____

Reason for medication: _____

Family Physician's Name: _____ Telephone _____

Is student covered by medical insurance? _____

Name of Insurance Company: _____

Policy or Group Number: _____

I _____ give my permission for the student stated above to receive treatment by a doctor, first aid and/or medical attention from a medical facility for any medical or surgical emergency.

STUDENT'S SIGNATURE _____ DATE _____

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____