

# 2020-2021 MHS Band Medical History Form

PO Box 496 Morgantown, WV 26507-0496

Please attach an additional sheet if needed to provide complete information

Medical Conditions (Include all physical and mental disorders - for example ADHD, anxiety, depression...)

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Allergies (Describe serious allergies & food allergies - for example: Bees)

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Date of last Tetanus Shot: \_\_\_\_\_

Major Surgeries: \_\_\_\_\_

Current medications/treatments (Name / dose / frequency or type)

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Student has permission to keep and administer his/her own medication  No  Yes

Parent/Guardian Signature Required if yes

**NOTE: Band medical staff must keep and administer all Narcotics and ADHD medications.**

Dietary Needs (for example gluten free, vegan, dairy free, nut allergy)

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Student Name - Last, First, Middle (Please print all information) Preferred First Name

Grade Instrument (or Section) Cell Phone

\_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_F \_\_\_\_M  
Date of Birth

Street Address

City State Zip Code

MD DO NP  
Primary Care Provider Phone

Parent/Guardian Name Phone (Cell # preferred for immediate contact)

Parent/Guardian Email

Parent/Guardian Name Phone (Cell # preferred for immediate contact)

EMERGENCY CONTACT Phone (Cell # preferred for immediate contact)

Health Insurance Employer Group# Policy#

**\*\*Please attach a photocopy of the front and back of your insurance card to this form\*\***

In accordance with the rules of the WVSSAC, I give my consent and approval for the student named above to participate in the MHS Band. I also give my consent for the physician or nurse in attendance and the appropriate medical staff to give treatment at any band event for any injury.

Parent/Guardian Signature Date

Band medical staff have permission to administer the following to student - circle all that apply:

- Tums Pepto Bismol Tylenol Advil/Motrin Sore Throat Lozenges Benadryl
- Sunscreen Midol (females) Lubricating Eye Drops Hydrocortisone Cream OTC

Physical Activity Limitations - do you know of any health factors that make it advisable for your child to follow a modified program of physical activity?  No  Yes, Explain:

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