

2021-2022 Greenville High School Marching Band
Student Medical & Health Form

IMPORTANT! PLEASE READ: This Medical / Health form will be kept with the medical kit at all times in case of a medical emergency involving your student. Make sure ALL blanks are completed. If an item does not apply to your student, please put N/A in the blank to ensure accurate information. **Incomplete forms can not be accepted. Please make sure that the primary and secondary contact is someone who can be contacted at anytime while your student is participating in a band activity.**

Student's Full Name: _____ Birth Date: _____

Sex: _____ Grade: _____ (Starting in August 2021). Instrument: _____

Primary Emergency Contact* _____ Home Phone _____

Work Phone: _____ Cell or Other Phone: _____ Email: _____

Secondary Emergency Contact* _____ Home Phone _____

Work Phone: _____ Cell or Other Phone: _____ Email: _____

**The Primary and Secondary contact must be able to be reached at any time when the student is participating in a band activity if the student's parent/guardian are not in attendance.*

Responsible Party (in case a hospitalization is required): _____ Home Phone: _____

Address & Zip: _____

Work Phone: _____ Cell or Other Phone: _____ Email: _____

Insurance: _____ Contract No. _____ Group No. _____

Health History

1. Operations (within the last year)

2. Individual Health Concerns (Hyperventilation, fainting, seizures, etc.)

4. Does the student have, or ever have had, any of the following?

Rheumatic Fever: _____ Diabetes: _____ Epilepsy: _____ Asthma: _____ Seizures: _____

Allergic reactions to stings: _____

5. Allergies (medications, bee stings*, latex products, etc.). PLEASE LIST ALL:

****Note: Bee stings are common at band activities. If your student uses an Epi-pen, please provide one to be kept in the medical kit throughout the season.***

6. List ANY medications the student is or will be taking during the marching season.

7. Is the student presently under the care of a physician for any reasons?

8. Student's Physician _____ Physician Phone _____ Hospital _____

9. Any other medical information the directors/adult technicians need to be aware of when interacting with your child: _____