Linganore Band 2017-2018

MEDICAL INFORMATION AND CLEARANCE

(All medical information will be confidential)

Student Name:_____ Grade: _____ Age:_____

Address:_____ City:_____ Zip: _____

EMERGENCY CONTACT INFORMATION

Name of parent/guardian: _____

Address:_____ City:_____ Zip: _____

Phone: Home: _____ Work/Cell: _____

Emergency Contacts (If unable to reach parent/guardian):

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Physician's Name: _____ Phone: _____

Date of Last Tetanus Shot: _____

Student's Medical History (check all that apply)

- ☐ ADD/ADHD
- ☐ Allergies(Food, Meds, Other)
- ☐ Anorexia/Bulimia
- ☐ Asthma
- ☐ Bee Sting Allergy
- ☐ Dental Problems
- ☐ Diabetes
- ☐ Fainting Spells
- ☐ Frequent Earache/Headache
- ☐ Gastrointestinal Disorder
- ☐ Hay Fever
- ☐ Hearing Problem/Wear Aid
- ☐ Heart Condition
- ☐ Kidney/Bladder Problems
- ☐ Menstrual Problems
- ☐ Motion Sickness
- ☐ Orthopedic Condition
- ☐ Physical Disability
- ☐ Seizure Disorder
- ☐ Vision Problem (Glasses/Contacts)
- ☐ Other

If you have checked any of the above, please explain. Include anything about your child's health that will help us to better understand and work with you son/daughter.

_____

_____

_____

(Use back of sheet if necessary)

List all medications you are currently taking - prescription or over-the-counter meds.
(If medications are to be dispensed on a field trip a Physician Authorization may needed)

_____

_____

Permission is granted to the LHS Band Boosters to administer as needed:

☐ Tylenol ☐ Benadryl ☐ Ibuprofen

MEDICAL CLEARANCE

In the event of accidental injury or illness, I hereby authorize care or appropriate treatment for my child by a licensed physician. Insurance Company: _____ Policy #: _____

Insurance Company Phone: _____

Parent Signature: _____ **Date:** _____