

Lehi High School Medical Form

Name _____ Birth Date _____ Grade _____

Marching Symphonic Band Winter Drumline Jazz Band Wind Symphony

Mailing Address _____

Marching Band Instrument _____ Concert Instrument _____

Mother's Name _____ Home Phone _____

Cell Phone _____ Work Phone _____

Father's Name _____ Home Phone _____

Cell Phone _____ Work Phone _____

Student's Cell Phone _____

In the event a parent/guardian cannot be reached, who should be contacted in case of an emergency?

Name / Relationship _____ Name / Relationship _____

Phone _____ Phone _____

Insurance Carrier _____ Policy Number _____

Insurance Phone _____ Group Number _____

Doctor's Name _____ Phone Number _____

I give permission for the band's first aid personnel to administer the following over-the-counter medications as needed. Please check YES or NO for each medication listed.

Ibuprofen Yes No Pepto Bismol Yes No Acetaminophen Yes No Tums Yes No

Cough Syrup Yes No Bug Spray(With DEET) Yes No Oral Antihistamines Yes No

Topical Antihistamines Yes No

Date Last Tetanus Booster (Must be repeated every ten years) _____

List all known allergies including medications, foods, animals, insect bites, stings & enviroment

Allergy	Reaction	Treatment Required

list ALL MEDICATIONS being used by the student: _____

Are there any medical reasons or physical limitations that may prevent your student from full participation in marching band. No Yes If yes, please explain _____

I understand that in the event that a parent or guardian cannot be reached or immediate attention is required the LHS band or any of its designated volunteers has my permission to seek appropriate medical attention for my child. My child may also be released to that designated volunteer. It is the parent's / guardian's responsibility to update this record as nessesary. I also acknowlege that the medical information listed above is given voluntarily.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

List all know contions, including asthma, diabetes, low blood sugar, blood pressure, etc:

Condition	Treatment	Medication Required