

MEDICAL HISTORY, INSTRUCTIONS & CONSENT BAND CAMP 2025

STUDENT CONTACT INFORMATION:

Student's Full Name _____

CURRENT GRADE _____

CURRENT AGE: _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ E-mail: _____

PARENT/GUARDIAN CONTACT INFORMATION:

Parent or Guardian Name _____

Address _____

Cell Phone _____ Emergency Phone _____

INSURANCE INFORMATION:

Does the student have medical insurance through his/her parents? Yes No

If YES please indicate the name of the insurance company _____

Policy Number: _____

****Please Attach A Copy Of The Student's Insurance Card To This Form****

MEDICAL INFORMATION:

Has your child had a tetanus shot current to within six (6) years? Yes No Does your child have any of the following medical conditions:

Diabetes Orthopedic Problems Asthma Epilepsy Cardiac Problems

Other (Specify)

Is your child allergic to any of the following:

Aspirin Penicillin Sulfa Insect Stings Iodine based products

Other Medications (Specify)

Does your child take any medications on a daily basis: Yes No

If yes, please list:

Do you know of any health factor(s) that make it advisable for your child to follow a limited program of physical activity or from participating in any of the camp activities? If yes, please explain on a separate sheet of paper. Mention any recent surgery, illness, broken bones, injuries, allergies (other than drugs) or other physical condition.
