

2005-2006

MEDICAL INFORMATION

School Name: North Augusta High School County: Aiken County Public Schools
Student Name: Age:
Address: D.O.B.:
Student Social Security #: Home Phone:
Name of Parent/Guardian:
Business Address/Phone Number:
Does student have insurance through parent employer? Yes No
Policy Number: and copy of insurance card must be attached to medical form.
Health History: (check) Allergies: (check)
Diabetes Aspirin
Orthopedic Problems Penicillin
Asthma Sulfa
Epilepsy Insect Stings
Cardiac Problems Tetracycline
Other (specify) Other (specify)

The NAHS Band will have the following OTC medications in the band medical kit. Please indicate which of the following medications you wish for your child to receive while participating/traveling with the band, if needed.

Motrin Tylenol Mylanta Tums
Benadryl Imodium Sudafed

In addition, if you are sending any medication from home to be administered to your child while participating/traveling with the band, you must complete and send a Jacket Regiment Permission for Medication Form. (This must be done every time you send medication to be administered.)

Has your child had a tetanus shot current to within six years? Yes No
Do you know of any health factor that makes it advisable for your child to follow a limited program of physical activity or from participating in any activities? If yes, please explain.

Special Considerations (Optional):

MEDICAL RELEASE

I give permission to the physician and/or hospital to secure proper treatment for and to order medications, injections, anesthesia and or surgery for my child as named above.

Signature of Parent/Guardian Date Signed
Printed Name of Parent/Guardian Relationship: