

Holly Springs High School Band Student Health History

Student's Full Name: _____

Address: _____ City: _____ State _____ Zip _____

Sex: M _____ F _____ Birth Date: ____/____/____ Grade (Fall): _____

Name(s) of Parent/Guardian: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ extn _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ extn _____

Emergency Contact Person: _____ Phone: (____) _____ - _____

Medical History (give dates where known):

Operations: _____

Emotional Problems (hysteria, hyperventilation, depression, etc.): _____

Serious Medical Problems: _____

Contact Lenses, Braces/Retainers, or Other Prosthetic Devices: _____

Diabetes: _____ Epilepsy: _____ Asthma: _____ Last Tetanus Injection: ____/____/____

Allergies: _____

Current Medications: _____

Will student be taking medication(s) on his/her own? If so, please list: _____

Please list any special health problems in the past: _____

Family Physician: _____ Phone: (____) _____ - _____

Dentist: _____ Phone: (____) _____ - _____

Health Insurance Company: _____ Policy # _____ Group # _____

Dental Insurance Company: _____ Policy # _____ Group # _____

Please note any special instructions regarding insurance/approval requirements.

This is permission for the treatment of a child by a physician and at a hospital for any medical or surgical emergency.

Signature of Parent/Guardian _____ Date ____/____/____

_____ County,
North Carolina

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document: _____
printed name(s) of principal(s) as signed above

Date: _____ signed: _____
(Notary's printed name below signature):

Notary Public

(seal)

My commission expires: _____