

Dutch Fork High School Bands

1400 Old Tamah Road
Irmo, SC 29063
803-476-3439



STUDENT HEALTH HISTORY

(INCLUDE COPY OF INSURANCE CARD)

Student's Name (Please Print) _____

Grade in 2018-19 _____ Male: _____ Female: _____

Date of Birth: _____ Age: _____

Parent or Guardian: _____

Present Address: _____

Home Phone Number: _____

Emergency Phone Number: This number should be someone who can be easily reached while student is involved in most activities.

Name: _____ Phone Number: _____

Tylenol/Ibuprofen, Benadryl Permission:

A parent signature here is mandatory if your child can take Tylenol, Ibuprofen or Benadryl during a band activity. No signature will mean Tylenol/Ibuprofen/Benadryl can not be dispensed.

TYLENOL – Parent Signature: _____

IBUPROFEN – Parent Signature: _____

Hydrocortisone – Parent Signature: _____

Benadryl – Parent Signature: _____

Notary Public

My commission expires: _____

Seal must be affixed.

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Operation within the last year: _____

Serious medical problems: _____
(Be Specific)

Emotional problems: (hysteria, nervousness, hyper ventilator, etc.)

Rheumatic Fever: _____ Diabetes: _____ Epilepsy: _____

Allergies: _____

Car Sickness: _____

Any specific health problem in past of present: _____

Drug Allergies: _____

List any medication student is presently on: (Be Specific) _____

Is student under medical treatment at present: _____

If so, reason _____

(Please keep this updated throughout the year. Include Copy of Insurance Card.)

Family Physician: _____ Chart # _____

Insurance Company _____

Policy Holder: _____ Policy # _____

**THIS SIGNATURE IS FOR TREATMENT BY A PHYSICIAN AND AT A HOSPITAL
FOR ANY MEDICAL EMERGENCY.**

Parent or Legal Guardian

Date