

Northview Band and Guard Health Form

Date: _____

Name _____ Grade _____ Birth Date _____

Address _____

Parents (Legal Guardian) _____ Phone _____

Emergency Contact #1 _____ Phone _____

Emergency Contact #2 _____ Phone _____

Health History

Operation (with in last year) _____

Emotional Problems _____

Serious Medical Problems _____

Rheumatic Fever _____ Diabetes _____

Epilepsy _____ Tetanus _____

Allergy _____ to what? _____

Allergy to Drugs _____

Present Medications _____

Any Special Health Problems _____

Is student presently under medical treatment? _____ Reason _____

Family Physician _____ Phone _____

This is permission for treatment of my child by Physician and Hospital for any medical or surgical emergency.

(signature – parent or legal guardian)

Date

Insurance Company _____

Policy number _____ Group Number _____