

KELLAM HIGH SCHOOL BAND



2323 Holland Road
Virginia Beach, Virginia 23453

757.548.6400 x. 59051 office
757.427.6265 fax

2010-2011 Medical History and Release Form

(Please print all information. If not applicable write "none" on line provided.)

Student's Name: _____, _____
(Last name) (First name) (M.I.)

Date Of Birth: _____ Home Phone Number: () _____

Address: _____

In Case of Emergency Please Notify:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Home Phone:() _____

Home Phone:() _____

Cell Phone:() _____

Cell Phone:() _____

Work Phone:() _____

Work Phone:() _____

Family Doctor: _____ Doctor's Phone:() _____

Doctor's Address: _____

Health Insurance Company Covering Student: _____

Policy Number: _____ Does student carry a policy ID card? Yes / No

****PLEASE ATTACH A COPY OF HEALTH INSURANCE POLICY ID CARD****

Medical History

List all medications that are taken routinely

Describe any history of serious illness, surgeries, injuries, or chronic conditions:

List any allergy (medication or otherwise) that your child has, and describe what the reaction usually looks like:

Date of Student's last tetanus immunization: _____

Does student wear contact lenses? Yes / No Glasses? Yes / No

Prosthesis? Yes / No If So, Please Describe: _____

Parents of Minors: "I hereby agree that medical personnel may administer First Aid and necessary treatment to the above-named student in case of emergency and/or refer named student to a local clinic or hospital for treatment."

"I also hereby agree that any Band Parent serving in the role of chaperone may administer the following over-the-counter medications to my child : (cross off any you DO NOT want your child to receive) Tylenol, Motrin/Advil/Nuprin, Sudafed, Pepto-Bismol tablets, Imodium, TUMS, sore throat lozenges, Benadryl, calamine lotion, caladryl lotion, antibiotic ointment."

Signature: _____ Date: _____

(Parent/Guardian)