

OBION COUNTY HIGH SCHOOL BAND
STUDENT HEALTH HISTORY, CONSENT FOR TRAVEL AND RELEASE
THIS FORM MUST BE NOTARIZED

Student's full name _____ Male _____ Female _____
Date _____ Present Grade _____ Date of Birth _____
Present Address _____
Parent or Legal Guardian: Last Name _____ First _____
Home Telephone _____ Business Phone _____ Cell Phone _____
Relative or Responsible Party _____ Phone _____

Health History:

Operations (within last year) _____

Emotional Problems _____

Serious Medical Problems _____

Rheumatic Fever _____

Diabetes _____ Epilepsy _____

Allergies _____

Tetanus (last injection) _____

Any Special Health Problems in the Past _____

Allergies to drugs (please specify) _____

Any medication student is taking (including anti-convulsive, antihistamine, insulin, tranquilizers, etc) _____

Is student under medical treatment at present? _____ Reason _____

Family Physician _____ Phone _____

Insurance Company _____

Agreement No. _____ Group Number _____

I consent for _____ to travel with the Obion Co. High School Band to all contests, parades, and any other band activities. I further consent to any medical treatment of any nature rendered by any employee or official of the Obion Co. Board of Education, or any medical institution or personnel during any travel with the Obion Co. High School Band.

Signature of Parent or Guardian

Date

Signature of Notary

My Commission Expires