

Dear Parent or Guardian:

Please complete the following Health History and sign the Medical Consent on both sides of the paper. **This does not require a physical exam.**

Student's Name: _____

Address: _____

Telephone: Home _____ Business _____ Mother _____ Father _____

Other Name and Telephone: _____

Physician's Name: _____ Telephone: _____

Date of Last Examination: _____ Date of Last Tetanus Shot: _____

Dentist's Name: _____ Telephone: _____

Health History (check any problems)

Fainting
Sleepwalking
Menstruation
Headaches
Constipation
Shortness of breath
High Blood Pressure
Low Blood Pressure

Heart Disease
Convulsions
Diabetes
Operations
Chronic Illness
Serious Illness
Contact lenses
Other

Allergies

Hay Fever
Asthma
Drugs (list)

Insect Sting (list)

Food (list)

Additional information on any of the above: _____

Note any special dietary requirements: _____

(If medication changes during the year, notify in writing.)

-- please complete other side --

Parental Permission to Give Medications

By signing below, I authorize a nurse or designated medical personnel to administer the medications listed on the attached Kiski Area School District Standing Orders to my child in the event of illness or injury.

If there are any exceptions, please list them: _____

Parent/Guardian Signature _____

Date _____

Do you carry health insurance? _____

Carrier: _____

Policy or Group Number: _____

Commonwealth of Pennsylvania

County of _____

In case of illness, accident, or an emergency, I authorize the choir director or assigned personnel to secure any necessary medical/dental treatment for _____ while he/she is participating in any activity of the Kiski Area Music Department. I also guarantee payment of all charges incurred during this medical/dental treatment (physician, dentist, hospital, X-ray, lab, drugs, ambulance, etc.).

Signature/Relationship _____ Date _____

Sworn to and subscribed before me this _____ day of _____, 20 _____.

Notary _____