

Waynesburg Central Band

Health Form and Medication Form

Student Name: _____ Date of birth: _____
 Parent Name: _____
 Address: _____ City: _____ Zip: _____
 Phone: _____ Alternate phone: _____

Health Information:

Medication Taking/ Dose/Time/Reason

Medication	Dose	Frequency	Time	Reason

All MEDICATIONS FROM A DOCTOR MUST BE IN ORIGINAL CONTAINER

Allergies: _____

Serious Illness/Operations: _____

Serious Injuries: _____

Please check mark what applies

Astma		Fainting Spells		Indigestion	
Cramps		Headaches		Joint Problems	
Diabetes		Heart Murmur		Bee Stings	
Epilepsy		Heart Condition			
Last Tetnus				Last Polio	

Do you have any additional instructions/ restrictions regarding your child?

My child may take:

Advil		Tylenol		Ibuprofen	
Benadryl (for reactions)					

Must be Initialed by Nurse: _____

I request that the Band Director contact me in the event of an emergency, accident or serious illness. If the band director is unable to reach me, I hereby authorize Mr. Mason to make whatever arrangements necessary, including referral to the hospital for treatment as the attending physician may direct.

Parent Signature: _____ Date: _____

Proof of Insurance

My son/daughter is covered under medical insurance Yes No
 I agree to pay any medical cost that is not covered under medical insurance.

Name of Guarantor: _____
 Name of Insurance Company: _____
 Policy Number: _____

******* MUST PROVIDE A COPY OF INSURANCE CARD*******

Proof of Vaccination (Voluntary)

My child is fully vaccinated Yes No

Circle One: J&J Moderna Pfizer
 1st Dose: _____
 2nd Dose: _____
 3rd Dose: _____