

PRINT LAST NAME _____

PHONE _____

MEDICAL INFORMATION

John Glenn High School
36105 Marquette, Westland MI 48185

FULL STUDENT NAME: _____

ADDRESS: _____ DATE OF BIRTH: _____

SOC. SEC. # _____ - _____ - _____ PHONE: _____

PARENT/GUARDIAN NAME: _____

BUSINESS ADDRESS & PHONE: _____

EMERGENCY PHONE (in case no one is home) _____

IS STUDENT INSURED THROUGH YOUR EMPLOYER? YES / NO

IF YES, NAME OF INSURANCE CO. _____

POLICY NUMBER: # _____

NAME OF FAMILY DOCTOR: _____ PHONE: _____

HEALTH HISTORY: (check)

- Diabetes
- Orthopedic Problems
- Asthma
- Epilepsy
- Cardiac Problems
- Foods? (provide list)

ALLERGIES: (check)

- Aspirin
- Penicillin
- Sulfa
- Insect Bites/Stings
- Tetracycline
- Other (explain)

LIST ANY MEDICATIONS AND DOSAGE CURRENTLY TAKING:

Do we have permission to administer to your child? (check)

Aspirin (YES/ NO) Tylenol (YES/ NO) Over-Counter Medication (YES/ NO)

Has your child had a tetanus shot current to within six years?

YES NO

Do you know of any health factor(s) which would make it advisable for your child to follow a limited program of physical activity or from participating in any activities? If yes, please explain.

I hereby authorize Mr. Cramer, Director of John Glenn High School Instrumental Music to take my son or daughter to a doctor, emergency room facility or hospital when and if an emergency medical situation occurs. **Any chaperone has the same authorization.* I also give my permission to the physician or hospital to secure proper treatment for and order medications, injections, anesthesia or surgery for my child as named above. I am responsible for any and all expenses incurred for the medical treatment of my son/daughter.

Signature of Parent/Guardian

Date