

South High Band Travel Medical Form – Please print clearly

Last Name _____

First Name _____

Student Cell Phone _____

Date of Birth _____

HEALTH HISTORY Check and give as much information as possible

Y = yes, N = no

____ Heart Trouble ____ High Blood Pressure ____ Asthma ____ Diabetes
____ Kidney Problems ____ Head Trauma ____ Seizures ____ Other (List below)

History of any previous injuries, fractures, serious illnesses or operations (Give year of problem)

MEDICATIONS to be taken during travel

Name of medication	Dosage	Frequency
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Allergies (Please include allergies to medications, food and environment)

EMERGENCY CONTACTS

MOTHER -Last Name	First Name	Home Phone	Business/Cell Phone
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FATHER – Last Name	First Name	Home Phone	Business/Cell Phone
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Other Emergency Contact Last	First Name	Home Phone	Business/Cell Phone
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Medical Insurance _____ Policy # _____ Phone _____

In the event of an accident, injury or illness your son or daughter will be taken to the nearest hospital or local doctor. I give my permission for chaperones to provide my son or daughter Advil/Tylenol/Motrin and Dramamine upon request.

Signature of Parent/Guardian _____ Date _____