

HAMBURG HIGH SCHOOL
Hamburg, NY 14075

STUDENT HEALTH HISTORY

CHILD'S FULL NAME _____ DATE _____
(Last) (First) (Middle Init.)

PRESENT GRADE _____ DATE OF BIRTH _____ MALE _____ FEMALE _____

PRESENT ADDRESS _____
(Street address) (Town/City) (Zip code)

PARENTS OR GUARDIANS _____

PHONE #'S _____

RELATIVE OR OTHER RESPONSIBLE PARTY _____ PHONE _____

HEALTH HISTORY: -please give dates where known

Operation (within last year) _____

Emotional Problems (i.e. hyperventilates, hysteria) _____

Serious Medical Problems _____

Rheumatic Fever _____ Allergy (ies) _____

Diabetes _____ Epilepsy _____ Tetanus (last injection) _____

Any special health problems in past? (Continue on back, if necessary) _____

Allergy to Drugs-(specify i.e. Penicillin, Insulin, etc.) _____

Any medications patient is on: (include anti-convulsive, antihistamine, insulin and tranquilizers) _____

Is child under medical treatment at present? _____ (Reason) _____

Family Physician _____

Telephone Number of Physician(include area code) _____

THIS IS PERMISSION FOR TREATMENT OF CHILD BY PHYSICIAN AND AT HOSPITAL FOR ANY MEDICAL OR SURGICAL EMERGENCY. --FOR BAND RELATED ACTIVITIES FOR THE 2017-18 SCHOOL YEAR.

Signature of Parent or Legal Guardian

Insurance Company _____ Agreement # _____ Group # _____