

**COLONIAL FORGE HIGH SCHOOL
BANDS**

**"THE FORGE SOUND AND GUARD"
MEDICAL INFORMATION FORM FOR SCHOOL YEAR**

PLEASE PRINT NEATLY OR COMPLETE ELECTRONICALLY

Student Last Name:	Student First Name:	Grade:	Age:
--------------------	---------------------	--------	------

Health Problems

Please list any health problems that might be significant to a physician evaluating your child in an emergency.

Allergies

Please list any allergies to medications or other serious allergies.

Questions

1. Has student been prescribed an inhaler or EpiPen? Yes No
 If so, what type and for what illness?
2. Is student presently taking other medication? Yes No
 If so, what type?
3. Does Student wear contact lenses? Yes No
4. Date of last Tetanus shot:

Emergency Authorization

In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the Director and Staff of Colonial Fore High School, to hospitalize, secure proper treatment for and to order injections and/or anesthesia and/or surgery for the person named above.

Note: Medical Information Form may be reproduced to travel with respective teams and is acceptable for emergency treatment needed.

Relationship to Student	Daytime Phone Number	Evening Phone Number
Parent Name	Signature	Date
<i>I certify the above information is correct</i>	Parent Signature	