Largo High School Instrumental Music
STUDENT HEALTH HISTORY

Student's Name: _____ Male_____ Female_____

Date of Birth: _____/_____/_____ Home Phone: _____

Address: _____ City _____ Zip _____

Parent or Legal Guardian:

Last Name:_____First name:_____ MI _____ Phone:_____

Relative or other responsible party:

Last Name:_____First name:_____ MI _____ Phone:_____

Business Phone Numbers: Mother:_____Father:_____

<u>HEALTH HISTORY</u> (Please give dates whenever possible)

Surgery:_____

Serious Chronic Illness:_____

Reaction to Insect Stings/Bites (Identify):_____

Diabetic: Yes_____ No_____ Prone to Motion Sickness: Yes_____ No_____

Date of Last Tetanus Shot: _____

Special Health Problems: _____

_____ (continue on back if necessary)

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

Present Medical Treatment: Yes_____ No_____ (If yes, please explain on back)

Family Physician:_____ Phone:_____

Insured by: _____ Phone: _____

Insurance I. D. Number: _____

I/We the undersigned, being the parent(s) or legal guardian(s), hereby give my approval for the above named individual to participate in any and all Largo High School Instrumental Music activities.

I/We the parent(s)/guardian(s) of the above named individual do give my permission to the Director and/or other persons of authority to administer first aid to the above named individual.

I/We also give permission for the above named individual to be transported by ambulance, police, or private vehicle to a hospital or doctor's office if deemed necessary.

I/We do hereby authorize the immediate treatment of the above named individual by a licensed doctor and/or hospital to the extent deemed necessary by such doctor and/or hospital.

I/We agree to hold harmless the Director, the booster organization and its members, the school, and other persons of authority participating in the medical treatment of the above named individual.

I/We guarantee payment of all expenses and charges associated with such medical treatment including physician, hospital, laboratory, medication, transportation, etc.

Parent/Legal Guardian Name (PRINT): _____

Parent/Legal Guardian Signature: _____Date: _____