

Midlothian High School Bands

401 Charter Colony Parkway • Midlothian, Virginia 23114 • (804) 378-2440 x. 4136

Confidential Medical History Form

To be used by the Midlothian High School Band Program

Please Type or Print

Gender: M F Age: _____
Last Name: _____ First Name: _____ Middle Initial: _____
Street Address: _____ Phone Number: _____
City: _____ State: VA Zip: _____ Apt #: _____

Notify in Case of Emergency:

| | |
|-----------------------|-----------------------|
| Name: _____ | Name: _____ |
| Relationship: _____ | Relationship: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |
| Phone Number: _____ | Phone Number: _____ |
| If no answer... _____ | If no answer... _____ |

List any history of serious illness or injuries with date of occurrence: _____

List any surgery and date of occurrence: _____

List any allergies to medications: _____

When did you have your last tetanus toxoid? _____ Do you wear contact lenses? _____

List any chronic illnesses and medications you take. _____

Doctor's Name: _____ Phone Number: _____

Address: _____

Parents: I hereby agree that medical personnel may administer first aid and necessary treatment in case of emergency and/or refer patient to a local clinic or hospital for treatment.

Signature: _____ Date: _____

Health Insurance by which the student is covered: _____

Policy Number: _____

Please use the back of this sheet to finish any information you could not fit on the front.