FAIRFIELD LUDLOWE HIGH SCHOOL MUSIC DEPARTMENT
STUDENT HEALTH HISTORY
Boston Trip
March 29 - March 30, 2019

The Music Department believes that the opportunity to participate in any Music Department Trip is a valuable musical and educational experience. For an event of this type, it is necessary for the music staff to have emergency contact numbers and medical information for each participant. We sincerely hope that this information will never be used; however, in case of an emergency it will be readily available. This information will be kept confidential. Upon the completion of the trip, this form will be destroyed. PLEASE PRINT CLEARLY.

Student Name:_____Gender: _____ Grade: _____ Date of Birth _____

Present Address:

_____

Parent/Legal Guardian Name: _____ Phone _____

Work Phone: Father/Guardian _____ Mother/Guardian_____

Relative or other responsible party _____ Phone_____

HEALTH HISTORY. Please complete & sign the following:

Health conditions/problems (heart, lung, kidney, blackouts/convulsion. Diabetes, asthma, bronchitis, epilepsy, etc.):

_____

_____

_____

Drug Allergies? (allergic to penicillin, sulfa, etc.):

_____

_____

Food Allergies? (peanuts, gluten-free, etc.):

_____

_____

Prescription Medications (list):

_____

_____

Non-prescription Medications students will carry (list):

_____

_____

All prescription and over-the-counter medications require a separate medication authorization form that must be filled out and signed by a physician and parent.

THE FOLLOWING SECTION WILL BE INVOKED ONLY UNDER THE MOST EXTREME CIRCUMSTANCES AND/OR AFTER ALL ATTEMPTS TO REACH PARENTS HAVE BEEN EXHAUSTED.

This is permission for treatment of my child by physicians and at hospitals for any medical or surgical emergency.

Parent or legal guardian's signature:

_____ Date _____

Insurance Co. _____ Identification No. _____ Group no. _____