

Have form notarized on back

**EMERGENCY MEDICAL INFORMATION FORM
KINGWOOD HIGH SCHOOL BAND**

Name _____ Grade _____ Age _____ Sex _____ D.O.B. _____

Home Address _____

City, Zip _____ Home Phone _____

Mother's Name _____ Work Phone _____ Cell Phone _____

Mother's Employer _____

Father's Name _____ Work Phone _____ Cell Phone _____

Father's Employer _____

IN CASE OF EMERGENCY, CALL

Name _____ Phone _____

Name _____ Phone _____

TO BE COMPLETED BY A PARENT OR GUARDIAN

Does the student have a previous history of:

	Yes	No		Yes	No
Bleeding Tendencies	___	___	Now under doctor's care	___	___
Head Injuries, seizures, unconsciousness, concussion, or convulsions	___	___	Name of Physician _____		
Asthma	___	___	Has had tetanus? _____	Date? _____	
Hernia	___	___	Allergy	___	___
High Blood Pressure	___	___	Neck Injury	___	___
Tuberculosis	___	___	Bone and/or joint injury or disease	___	___
Sickle Cell Anemia	___	___	Heart Disease	___	___
Kidney disease/injury	___	___	Diabetes	___	___
Kidney, Lung, Testicle or Eye removed or not functional	___	___	Emotional (Psychological) disturbance	___	___
Hepatitis	___	___	Has had a surgical operation		
Rheumatic Fever	___	___	Explain any yes answers: _____		
Skin Disease	___	___	_____		
Contact Lens/Glasses	___	___	_____		
Is the student taking medication regularly?	___	___	Any other medical conditions or relevant information? _____		
**If yes, please specify medications and conditions requiring such medication? _____			_____		

