COOPER HIGH SCHOOL BAND

MEDICAL INFORMATION CERTIFICATE

2020-2021

PLEASE PRINT

Student Name: _____ Sex: M F Age:_____

Last *First* *Middle*

Student's Date of Birth ___/___/_____ Grade:_____

MM DD YYYY

Parent(s) Name:_____

Parent Primary Phone #: _____ Work Phone #: _____

Address:_____

Street *City* *State* *Zip Code*

Persons to be contacted in case of emergency (we will use this order until one is found):

(Legal Age Adult) (Relationship)

1._____ Phone #1: _____Phone #2_____

2._____ Phone #1: _____Phone #2_____

3._____ Phone #1: _____Phone #2_____

Insurance Company: _____ Policy Number: _____

Group Number: _____ ID Number: _____

---------- TO BE COMPLETED BY PARENT/GUARDIAN ----------

Name of Physician: _____ Phone #: _____

Circle Y(yes) or N(no) for each item. Does the student have a history of:

Bleeding tendencies	**Y**	**N**	Now under a physician's care	**Y**	**N**
Head injuries, seizures, unconsciousness, concussion or convulsion	**Y**	**N**	Asthma	**Y**	**N**
Hernia	**Y**	**N**	Neck Injury	**Y**	**N**
High Blood Pressure	**Y**	**N**	Bone and/or joint injury	**Y**	**N**
Tuberculosis	**Y**	**N**	Disease	**Y**	**N**
Diabetes (Indicate Type 1 or 2)	**Y**	**N**	Sickle Cell Anemia	**Y**	**N**
Kidney disease and/or injury	**Y**	**N**	Surgical operation	**Y**	**N**
Kidney, lung, or eye removed or non functioning	**Y**	**N**	Hepatitis	**Y**	**N**
Skin Disease	**Y**	**N**	Contact lenses/glasses	**Y**	**N**
Food allergies	**Y**	**N**	Medicine Allergies	**Y**	**N**
Is student taking medication regularly?	**Y**	**N**	Rheumatic Fever	**Y**	**N**
Contact Lenses/Glasses	**Y**	**N**	Date of last tetanus shot _____/_____/_____		

Explain any 'Y' answers: _____

_____

Please list any medications or illnesses not listed above requiring medication being taken at the present time:

_____

May we administer a non-prescription drug if we deem it necessary? Y___ N ____ (preferred type _____)

I hereby consent for medical care to be given to _____ in case of an emergency.

_____ ___/___/_____

Parent Signature Date