

North Penn High School Marching Knights (NPMK)  
 1340 Valley Forge Road  
 Lansdale, PA 19446

**Health Form**

*Place completed forms in the blue box in the band room by **6/20/2019**.*

Student Name: \_\_\_\_\_ Instrument: \_\_\_\_\_

Grade in September 2019: \_\_\_\_\_ Age by September 2019: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street, City, Zip Code

Parent Home Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Family Physician Name / Office: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

1. Does your child take any kind of medication on a regular basis?

Medication	Dose	Reason

2. Does your child suffer from any allergies?

Medication/Environmental/Food	Reaction

3. Is an Epi-pen needed for acute allergic reactions? Y/N *If yes, supply nurse with 2 pens*
4. Is your child asthmatic? Y/N Carries inhaler? Y/N *If yes, supply nurse with extra rescue inhaler.*
5. May your child receive: *Advil* Y/N *Tylenol* Y/N *Antacid* Y/N
6. Date of your child's most recent tetanus toxoid immunization: \_\_\_\_\_
7. Are the pediatric immunizations up to date? Y/N
8. Date of Last physical exam: \_\_\_\_\_
9. Current medical history: Any problems with Anemia / Asthma / Diabetes / Heart Problems / Sickle Cell / Other?

Explain:

Any other information concerning your child you believe the Nurse should have or any additional pertinent information that might allow for us to better care for your child, especially any physical restrictions?

Explain:

10. Current Weight: \_\_\_\_\_ Height: \_\_\_\_\_

**Insurance Information:**

My child is covered by the following insurance:

\_\_\_\_\_  
 Name of Insurance Company                      Policy Number                      Group Number

My child is not covered by any health and/or accident insurance.

PLEASE SIGN THIS FORM BELOW

Note: Emergencies which require immediate attention and is out of the Nurses' practice guidelines will be treated at the nearest hospital. Parents will be contacted as soon as possible.

**In case of an emergency, I give permission for my child \_\_\_\_\_ to be taken to the nearest medical center/hospital. Cost for this service will be billed directly to the parent and/or indicated insurance carrier. Those not carrying insurance will be expected to pay for the service upon receipt of the bill. I will not hold North Penn Music Aides, Inc. or the North Penn School District responsible for any accidents and/or injuries suffered by the above named student.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian may be reached at the following telephone numbers:

Name	Home Phone	Work Phone	Cell Phone
Mother:			
Father:			
Guardian:			

In case of an Emergency if nobody above can be reached immediately, please call:

\_\_\_\_\_  
 Name                                      Phone                                      Relationship