



North Penn High School Band
 1340 Valley Forge Road
 Lansdale, PA 19446

Medical Form

Student Name: _____

Current Grade: _____ Current Age: _____ Birth Date: _____

Parent / Guardian Names: _____

Home Address: _____
Street , Town, Zip Code

Home Phone: _____

Family Physician: _____

Office Address & Phone: _____

1. Does your child take any kind of medication on a regular basis?
 If so, please make sure your child brings the medication in the original container.

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? *If yes, supply staff with 2 pens*

4. Is your child asthmatic? Carries inhaler? *If yes, supply staff with extra rescue inhaler.*

5. May your child receive: *Advil* *Tylenol* *Antacid*

6. Date of your child's most recent tetanus toxoid immunization:

7. Are the pediatric immunizations up to date?

8. Last physical exam:

9. Current medical history: Any problems with Anemia / Asthma / Diabetes / Heart Problems / Sickle Cell / Other?
 Explain:

