



NORTH PENN MARCHING KNIGHTS 2021 MEDICAL FORM

Student Name (Last, First) _____

Grade (2021-2022 school year) _____

Birthdate _____ Current Age _____

Current Height/Weight H _____ W _____

Parent/Guardian Names _____

Parent/Guardian Phones _____

Home Address _____

Street, Town, Zip Code

Family Physician _____

Physician Office Address _____

Physician Office Phone _____

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 on all trips, events and rehearsals (if necessary)

Medication	Dose	Reason

Does your child suffer from any allergies?

Medication/Environmental/Food	Reaction

Is an Epi-pen needed for acute allergic reactions? (Y/N) _____ *If yes, supply staff with 2 pens*

Is your child asthmatic? Carries inhaler? (Y/N) _____ *If yes, supply staff with an extra rescue inhaler.*

May your child receive ADVIL (Y/N) _____ TYLENOL (Y/N) _____ ANTACID (Y/N) _____

Date of your child's most recent tetanus toxoid immunization _____

Are the pediatric immunizations up to date? (Y/N) _____

Date of your child's last physical exam _____

Current medical history: Any problems with Anemia/Diabetes/Heart Problems/Sickle Cell/Migraines/other Explain:

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

Insurance Information:

My child is covered by the insurance listed below. *A copy of the insurance card must be attached.*

Name of Insurance Company _____

Policy Number/Group Number _____

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

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., the North Penn School District, or school district personnel responsible for any accidents and/or injuries suffered by the above named student. As the parent/guardian of the above named student, I have read all information and I understand the arrangements and circumstances.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Information

NAME	RELATIONSHIP	PHONE NUMBER