Semiahmoo Secondary Music Program

Medical Form

Please type or print clearly and hand in to your band direcor.
This information will be kept confidential

Full Name of Student _____ Name called _____ Grade _____
(as shown on passport)
Passport No. (Grade 10-12 only) _____ Expiry Date: _____ Student No. _____

Band(s): *(check all that apply)* ☐ Concert Band 8 ☐ Concert Band 9 ☐ Senior Wind Ensemble
☐ Jazz Band 8 ☐ Jazz Band 9 ☐ Jazz Band 10 ☐ Jazz Band 11 ☐ Jazz Band 12

Care Card Personal Health No. _____ Date of Birth _____
Family Doctor _____ Phone No. _____
Name of Parent/Guardian _____
Address _____
Home Phone _____ Work Phone _____ Cell Phone _____
In case of emergency contact parents /or _____
Home Phone _____ Work Phone _____ Cell Phone _____

Please note any health problems, physical handicap, emotional difficulty, behaviour problem, or other factors which may limit full participation in this program. Use back of sheet if necessary.

Has the student had a previous injury which would require special first aid treatment should another injury occur? Explain

The student has received the regular immunization program administered in B.C. for diphtheria, pertusis and tetanus (DPT); tetanus and diphtheria (Td); polio; measles, mumps & rubella (MMR)? ☐ Yes ☐ No

Contact Lenses ☐ Yes ☐ No

Child is subject to

☐ asthma	☐ ear ache	☐ fainting	☐ tonsillitis	☐ eye infection
☐ sensitive skin	☐ sinus problems	☐ seizures	☐ nightmares	☐ bronchitis
☐ high blood pressure	☐ nosebleeds	☐ headache	☐ bed wetting	☐ kidney problems
☐ dizziness	☐ frequent colds	☐ dislocations	☐ motion sickness	☐ sprains
☐ pulled muscles	☐ sleep walking	☐ severe allergies (describe below)		
☐ other (describe below)				

Medications: All medicines should be clearly labelled with the child's name and information below. All medications must be controlled and in the possession of the first aider (except for allergies). Use back of form if additional space is needed to list medications.

Name of medicine		Used for	
To be administered by		Quantity & Times	
Permission granted by		Given how	

Name of medicine		Used for	
To be administered by		Quantity & Times	
Permission granted by		Given how	

Name of medicine		Used for	
To be administered by		Quantity & Times	
Permission granted by		Given how	

In case of emergency, I hereby give permission to the physician selected by the educator-in-charge to provide necessary treatment for my child.

Parent/Guardian Signature _____ **Date** _____