

# WCHS Band & Colorguard Health History Record 2016-17

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

**Part 1: Illness & injuries** (check those that apply and give appropriate dates)

Chronic or Recurring Illnesses:

<input type="checkbox"/> Ear Infection	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Seizures	<input type="checkbox"/> Bleeding/Clotting Disorders	<input type="checkbox"/> Asthma
<input type="checkbox"/> Musculoskeletal Disorders	<input type="checkbox"/> Heart Defect/Disease	
<input type="checkbox"/> Other (specify) _____		

Date of last health examination: \_\_\_\_\_

Were any complicating medical problems? \_\_\_\_\_

Is participant currently under the care of a physician? \_\_\_\_\_

Is participant currently taking any prescription or non-prescription drugs? \_\_\_\_\_

If yes, specify: \_\_\_\_\_

Are there any restrictions concerning physical activities? \_\_\_\_\_

If yes, specify: \_\_\_\_\_

**Part 2: allergies** (check those that apply and specific nature of reaction)

<input type="checkbox"/> Animals	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Pollen
<input type="checkbox"/> Food	<input type="checkbox"/> Medicines/drugs	<input type="checkbox"/> Insect Stings
<input type="checkbox"/> Plants	<input type="checkbox"/> Other (specify) _____	

**Part 3: Other Health Condition** (check those that apply)

<input type="checkbox"/> Motion Sickness	<input type="checkbox"/> Fainting	<input type="checkbox"/> Nosebleeds
<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Emotional Disturbances	<input type="checkbox"/> Glasses/Contact Lenses
<input type="checkbox"/> Other (specify): _____		

Please explain any items that are checked. Indicate any information useful to the adult supervisor in relation to any of these health conditions. \_\_\_\_\_

I know of no reason(s), other than the information indicated on this form, why my son/daughter should not participate in the prescribed activities except as noted.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## PUBLICATION & PUBLICITY RELEASE

This section authorizes the Band Parents Association and the West Covina High School Instrumental Music Department to use the name and photographs of my son/daughter (listed above) for the purpose of publicly promoting the West Covina High School Bulldog Band & Colorguard.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_

**Date:** \_\_\_\_\_