

2009-2010 NORDHOFF HIGH SCHOOL

Parent Consent form and Marching Band & Color Guard Exam Information

Students Name _____ MB CG Grade _____

Address _____ City _____ Zip _____

Birthday _____ Gender _____ Phone _____ Emergency Phone _____

1) NAME OF THE ***INSURANCE COMPANY*** THAT COVERS THE STUDENT/MUSICIAN ACCORDING TO THE STATE LEGAL REQUIRMENT: _____

2) I hereby give my consent for the above named student (son, daughter, ward) to participate in marching band.
In case of injury, you are authorized to have him/her treated.

Signature of Parent or Guardian _____ Date _____

Health History: To be completed by parent before doctor exam.

	Yes	No		Yes	No
Any past or present:					
Problems with vision	___	___	Dental problems	___	___
Eyeglasses	___	___	braces	___	___
Contacts	___	___	false teeth ,bridge	___	___
Problems with hearing	___	___	Painful joints	___	___
Hearing aid	___	___	Broken bones	___	___
Blacking out or fainting	___	___	Part, date _____		
Unconsciousness	___	___	Knee or ankle problems	___	___
Convulsions, seizures	___	___	require support or brace	___	___
Ear problems	___	___	Need for medication	___	___
Bleeding disorders	___	___	Name / Type _____		
Blood sugar problems	___	___	Female menstruation problems	___	___
Hypoglycemia	___	___			
Diabetes	___	___			
Asthma	___	___			
Allergies-Type _____			ANY OTHER HEALTH ASPECT DOCTOR		
Bee or insect stings	___	___	AND SCHOOL SHOULD BE AWARE OF:		
Hospitalizations	___	___	_____		
Surgeries	___	___	_____		
Hernias	___	___	_____		

PHYSICAL EXAM: Name of Family physician _____ Phone Number _____

Eyes _____	Lymph Glands _____	Posture _____	Abdomen _____	Nose _____
Ears _____	Thyroid _____	Muscle Tone _____	Hernia _____	Blood Pressure _____
Reflexes _____	Skin _____	Throat _____	Lung _____	Athlete's Foot _____
Teeth _____	Braces _____	Orthopedic _____	Heart _____	

I have examined the above named student and so recommend that he/she is physically fit for full participation in sports.

Signature _____ Date _____

Special doctor recommendation or restrictions _____