

2017-2018 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 REQUIREMENT: _____

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

Signature of Parent of 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 _____	_____	_____			
Bee or insect stings	_____	_____			
Hospitalizations	_____	_____			
Surgeries	_____	_____			
Hernias	_____	_____			

ANY OTHER HEALTH ASPECT(S) DOCTOR AND SCHOOL SHOULD BE AWARE OF:

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 marching band/color guard.

Signature _____ Date _____

Special doctor recommendation or restrictions _____
