

School Band Pre-Participation Medical Screening Form

Student Information

Full Name

Date of Birth

Grade

Instrument(s)

Parent/Guardian Contact

Parent/Guardian Name

Phone Number

Email

Medical History

Allergies

☐ Yes ☐ No

Asthma

☐ Yes ☐ No

Diabetes

☐ Yes ☐ No

Other Medical Conditions

Current Medications

Emergency Contact

Name

Relationship

Phone Number

Physician Information

Physician Name

Phone Number

Parent/Guardian Signature

Signature

Date