

Pioneer High School Bands
Band Tour / Athletics Health Form

Name _____ I.D.# _____ Sex _____
(Last) (First) Student No. M/F
Parent or Legal Guardian Name _____ Phone # (w) _____ (h) _____

Address _____

In Case of Emergency _____ (relation) _____ Phone # (w) _____ (h) _____

Student's Physician _____ Office Phone # _____

Student's Health Insurance Company _____

Contract # _____ Name of insured _____

Does this health insurance plan include prescription drug coverage? Yes _____ No _____

**PLEASE ATTACH A PHOTOCOPY OF THE FRONT AND BACK OF ALL
HEALTH, DENTAL, AND PRESCRIPTION INSURANCE CARD(S).**

Circle the appropriate number if this student has had any of the following:

- | | | | |
|---------------------------|-------------------------|-----------------------|--|
| 1. Perforated Eardrum | 12. Heart Surgery | 23. Internal injuries | 34. Head injuries |
| 2. Draining ear | 13. Pneumonia | 24. Appendectomy | 35. Undescended testicle |
| 3. Ear surgery | 14. Tuberculosis | 25. Hernia | 36. Operation on testicle |
| 4. Mastoid surgery | 15. Asthma (Explain) | 26. Hernia repair | 37. Kidney trouble |
| 5. Hearing loss | 16. Chest pain | 27. Neck injuries | 38. Diabetes |
| 6. Frequent sore throat | 17. Shortness of breath | 28. Shoulder injuries | 39. Blood in urine |
| 7. Convulsions (Explain) | 18. Punctured lung | 29. Elbow injuries | 40. Protein in urine |
| 8. Rheumatic fever | 19. Lung disease | 30. Wrist injuries | 41. Reaction to insect bites (Explain) |
| 9. Heart disease(Explain) | 20. Hepatitis | 31. Knee problem | 42. Presently on medication (Explain) |
| 10. Heart murmur | 21. Infectious mono | 32. Ankle problem | 43. Broken bones (list all) |
| 11. High blood pressure | 22. Peptic ulcer | 33. Back problem | |

Please explain any circled items:

Date of last tetanus shot: _____

Does student wear contact lenses? _____

If allergies or allergic to any medication, please list & explain in the space below.