

**FACTS CONCERNING THE CHILD'S MEDICAL HISTORY
TO WHICH A PHYSICIAN SHOULD BE ALERTED**

Please indicate if student has had or is currently under treatment for any of the following conditions:

Give year or age when problem occurred.

ASTHMA
 DIABETES
 EAR/HEARING PROBLEMS: (type) _____
 EMOTIONAL PROBLEMS: (type) _____
 SEIZURES
 HEART PROBLEMS: (type) _____
 HEPATITIS: (type) _____
 OTHER: _____

MENINGITIS
 MIGRAINE HEADACHES
 MUSCULAR WEAKNESS OR PARALYSIS
 BLEEDING DISORDERS: (type) _____
 HIGH BLOOD PRESSURE
 INFECTIOUS DISEASES: (type) _____
 TETANUS SHOT: (date) _____

ALLERGIES? _____

REACTIONS TO MEDICINE OR INJECTIONS? _____

HOSPITALIZED FOR SERIOUS ILLNESS, SURGERY OR ACCIDENTS? _____

USE OF CONTACT LENSES? YES _____ NO _____

LONG TERM MEDICATIONS? _____

HAVE YOU EVER BEEN INFORMED OF THE NEED TO BE ON ANTIBIOTIC THERAPY PRIOR TO DENTAL TREATMENT? YES _____ NO _____
IF YES, IDENTIFY REQUIRED THERAPY _____

PLEASE ADD ANY PROBLEMS NOT LISTED _____

Notes:

Dear Band Director,

I have read the Clovis Municipal Schools' Band Handbook completely and understand its contents. I have also read the enclosed list of performance dates and times and understand the attendance requirements found on pages 3 & 4, I agree to contact you if I have any questions about information contained in this Handbook, performances, or about my student's progress in band.

Sincerely,

(Student's Signature)

(Parent's Signature)

(Date)

Band Directors Copy
