

2026-2027 Leon High School Band Medical Information Form

This form covers all trips and activities of the **Leon High School** (LHS) band for the summer and regular school year **2026-2027**.. Current personal health and medical history is attested by parents/guardians to be accurate. Information given is confidential, accessed only by the band director, or in an emergency, by the head chaperone or medical professionals.

This is to be filled out by parent/guardian. Please print as neatly as possible, in blue or black ink, or type.

Student Identification

Student Name:_____ Date of Birth (mm/dd/yyyy):_____

Age:_____ Gender:_____ Grade:_____ Social Security Number:_____ - _____

Instrument(s)/Auxiliary Group (i.e., Leonettes or Scarlet Battalion):_____

Main Contact Information

Parent/Guardian #1 Name:_____ Relationship to Student: _____

Parent/Guardian #2 Name:_____ Relationship to Student: _____

Home Address:_____

City:_____ State: FL Zip Code:_____

Home Phone: (____) _____ Student's Cell Phone: (____) _____

Student's Email Address:_____

Parent/Guardian #1's Work Phone: (____) _____ Cell Phone: (____) _____

Parent/Guardian #1's Email Address:_____

Parent/Guardian #2's Work Phone: (____) _____ Cell Phone: (____) _____

Parent/Guardian #2's Email Address:_____

Alternate/Emergency Contact Information

If parent(s)/guardian(s) named above are not available, in the event of an emergency, please notify:

Name:_____ Relationship to Student: _____

Phone Number(s) (include area code(s)): (____) _____

Name:_____ Relationship to Student: _____

Phone Number(s) (include area code(s)): (____) _____

Name of Physician:_____ Phone Number: (____) _____

Medical Information

Check all that apply, past or present. Explain any "Yes" answers.

Allergies: Food, medicines, insects, plants, etc. ☐ Yes ☐ No

If "Yes," explain: _____

High blood pressure ☐ Yes ☐ No If "Yes," explain: _____

Cancer/leukemia ☐ Yes ☐ No If "Yes," explain: _____

Convulsions/seizures ☐ Yes ☐ No If "Yes," explain: _____

Hearing difficulty ☐ Yes ☐ No If "Yes," explain: _____

Asthma ☐ Yes ☐ No If "Yes," explain: _____

Diabetes ☐ Yes ☐ No If "Yes," explain: _____

Hemophilia ☐ Yes ☐ No If "Yes," explain: _____

Heart trouble ☐ Yes ☐ No If "Yes," explain: _____

Kidney disease ☐ Yes ☐ No If "Yes," explain: _____

Knee/foot trouble ☐ Yes ☐ No If "Yes," explain: _____

Musculo-skeletal trouble ☐ Yes ☐ No If "Yes," explain: _____

Extra space to explain any "Yes" answers: _____

List any medications and dosage to be taken while on a trip: _____

List any physical or behavioral conditions that may affect or limit full participation in marching, playing strenuous games, swimming, running, or stretching: _____

List medications currently taken within the last month: _____

Other Medical Limitations or Information:

Please list any known **allergic reactions** (e.g., bees, ants, medications, etc.). Indicate any condition such as asthma, wheezing, heart disease, seizures, diabetes, muscular or skeletal problems, or any other medical condition you would like called to the school's attention. Feel free to call the school in advance of any activity to discuss any specific health problems, but please note it on this form also. Attach/provide extra documents, if necessary.

The above is correct to the best of my knowledge. Except as noted below, Leon County Schools staff have my permission to give my child such over-the-counter (OTC) medications as Tylenol, Ibuprofen (Advil), antihistamine, decongestant, etc., when on band trips.

Exceptions: _____

Parent/Guardian Signature: _____ Date: _____