

Chaperone- KISKI AREA BAND HEALTH HISTORY AND WAIVER/RELEASE FORM

Name : _____ Home Phone: () _____
 Work/Cell Phone: () _____

Address: _____

Alt. Emerg. Contact _____ Relationship: _____
 Phone /Cell # : () _____

PERSONAL MEDICAL HISTORY PROFILE

Check only items that apply

Kidney/Bladder		Heart disease		Allergies:
Sleepwalking		Convulsions		To Drugs (list)
Menstruation Problems		Diabetes		
Headaches		Hernia		To Foods (list)
Constipation		Hay Fever		
Shortness of Breath		Other		To Insect Bites/Stings:
High Blood Pressure		Asthma		
Low Blood Pressure				List Insects:
Fainting				Normal treatment:
Nose Bleeds				
Serious/Chronic Illness (List):				
Operations? (List):				
Contact Lens?			Date of last Tetanus: _____	(mm/dd/yy)
Any other medical or psychological conditions/info we should know?				
Note any current medications you are taking. If this information changes at any time, you agree update this form in writing.				
Medication Name:		Taking for:		
Medication Name:		Taking for:		
Medication Name:		Taking for:		
Medication Name:		Taking for:		
Any Special Dietary Requirements:				

DOB: _____

Name: _____

The foregoing disclosure is complete to the best of my knowledge and I agree to supplement the same if my health conditions change. I understand that engaging in band activities involves strenuous physical exertion and I, on behalf of my child or myself if I am 18 years old, assume the risk for any injuries or illnesses resulting directly or indirectly from band activities. I agree that the Kiski Area School District and the Kiski Area School Board Members and employees of the Kiski Area Band Boosters shall not be liable for any injuries or illnesses suffered by my child/me while engaged in any band activity sponsored by Kiski Area High School District. Further, I hereby release the aforesaid of any and all liability for such injuries. I hereby authorize any agent of the Kiski Area Band Boosters responsible for student welfare to access this information for my child's or my well-being.

Signature: _____ Date: _____