

Tucker Middle School Band Spring Trip
New Orleans, LA
Wednesday, April 1st, 2020 thru Sunday, April 5th, 2020

Health Information Form

Student's Name: _____ Date: _____
Date of Birth: _____ Age: _____ Height: _____ Weight: _____
Address: _____
Home Phone Number: _____
Parent/Guardian Cell Phone Number(s):

Is your child currently under the care of a physician for any disorders? If so, please explain: _____

Please check any of the following disorders that your child has or has had. List all medicines and/or special care required while traveling with TMS Band.

- | | | |
|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Respiratory Problems | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Kidney Failure | <input type="checkbox"/> Anemia | <input type="checkbox"/> Bleeding Disorders |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Low Blood Pressure |
| <input type="checkbox"/> Physical Disabilities | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Lupus | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Visual Disturbances | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Severe Menstrual Cramps | <input type="checkbox"/> Peptic Ulcer | |
| <input type="checkbox"/> Other (please list below) | | |

Information provided in this form will be used solely to provide appropriate care for your child (children) and will be kept confidential.