

Spartanburg County School District Two
Band Health Form- Boiling Springs High School

Student's Name: _____ Date of Birth: _____
Student's cell phone number: _____ Doctor: _____
Address: _____

Emergency Contacts:

1. Name/Relationship: _____
Contact number(s): _____
2. Name/Relationship: _____
Contact number(s): _____

Please list any medical conditions your child has:

Please list any allergies (medications, food, insect, etc.):

Allergen	Reaction	Treatment

Does your child have an Epinephrine pen? Yes or No
*the epi pen needs to be on student at all times

Does your child have an inhaler? Yes or No
*the inhaler needs to be on student at all times.

List all medications your child is currently taking:

Name of Medications	Dosage	Time/How Often

List any emergency medications your child will need access to during band (ex. EpiPen, Glucagon, Inhaler):

Parent signature: _____ Date: _____