Huron Valley Percussion Physical Examination Form 2021 - 2022 Season

Student Name:		Birth Date:	SCA.	Grade:
Lust	First			
_	-	ealth History		
Parent, please fill out. Ch	eck any applicable health problems	-		
Headaches	Hearing problem	ıs	Asthma	
Stomachaches	Vision problems			
Ear aches/infections	Glasses/contacts		Allergies:	
Shortness of breath	Head injury		Hay fever	
Chest pain	Heart defects		Poison Ivy	
Muscle Weakness	Convulsions	B	See/Insect Stings	
Bone/Joint pain	Diabetes		Penicillin	
Intestinal pain	Bleeding/clotting	g	Drugs (list below	
Nausea	Hypertension		Foods (list below	
Diarrhea	Mononucleosis		Specify if airborn	e or degree of allergy
Urinary symptoms	Epilepsy			
Fatigue	Arthritis			
Fainting				
	Physi	cian Statement		
This section is to be comp	Physi pleted and signed by a physician.		iate answer below.	Comments, if needed
	-	Circle the appropri		Comments, if needed
1. Condition of heart	-	Circle the appropri	Unsatisfactory	Comments, if needed
	-	Circle the appropri		Comments, if needed
1. Condition of heart	pleted and signed by a physician.	Circle the appropri	Unsatisfactory	Comments, if needed
 Condition of heart Condition of lungs 	pleted and signed by a physician.	Circle the appropri Satisfactory Satisfactory	Unsatisfactory Unsatisfactory	Comments, if needed
 Condition of heart Condition of lungs Condition of feet, ears 	pleted and signed by a physician.	Circle the appropri Satisfactory Satisfactory Satisfactory	Unsatisfactory Unsatisfactory Unsatisfactory	Comments, if needed
 Condition of heart Condition of lungs Condition of feet, ears Hernia? 	pleted and signed by a physician.	Circle the appropri Satisfactory Satisfactory Satisfactory No	Unsatisfactory Unsatisfactory Unsatisfactory Yes	Comments, if needed
 Condition of heart Condition of lungs Condition of feet, ears Hernia? Scoliosis? 	pleted and signed by a physician.	Circle the appropri Satisfactory Satisfactory Satisfactory No	Unsatisfactory Unsatisfactory Unsatisfactory Yes Yes	Comments, if needed
 Condition of heart Condition of lungs Condition of feet, ears Hernia? Scoliosis? Allergies? Diabetes? 	pleted and signed by a physician.	Circle the appropri	Unsatisfactory Unsatisfactory Unsatisfactory Yes Yes Yes	
 Condition of heart Condition of lungs Condition of feet, ears Hernia? Scoliosis? Allergies? Diabetes? Height: Are all patient immun 	Detect and signed by a physician. The eyes, and nose Weight: izations current and up to date? date examined the above student a	Circle the appropri	Unsatisfactory Unsatisfactory Unsatisfactory Yes Yes Yes Yes Yes Sessure Reading:	
 Condition of heart Condition of lungs Condition of feet, ears Hernia? Scoliosis? Allergies? Diabetes? Height: Are all patient immun I certify that I have on this activities for the 2021 – 20 	Detect and signed by a physician. The eyes, and nose Weight: izations current and up to date? date examined the above student a	Circle the appropri Satisfactory Satisfactory No No No No Blood Pre Yes Nd No recommend him/h	Unsatisfactory Unsatisfactory Unsatisfactory Yes Yes Yes Yes Yes Sessure Reading:	le to participate in all HVP

Huron Valley Percussion 2021 - 2022 Parent and Student Approval Form

Notarized by			Date		
Parent Signatur	re		Date	_	
over the counter allergy medications			EMBOSSED (raised) Seal imprint Here. Needed for all out-of state trips.		
student. Tylenol Ac	dvil Aspirin coug	h drops throat lozenges	cold/sinus medication	_benadrylmucinexsudafed	
=	r first aid supplies basi	c over the counter medication	ons. Please check off all th	at we may administer to your	
band on its trip	y consent for the above s. The school is not lia	e named student to engage in	n Huron Valley Percussion f medical care resulting fro	activities and to accompany the om any injuries. I hereby give my	
8		nt Agreement and	Notarization Fo	orm	
Student Signatu	ıre	Date	_		
activities both o		ises. Failure to abide could	t of the Huron Valley Scho	ool District while involved in HVP ns up to and including removal	
Contract #				Policy #	
Name of Subsci	riber:			PLEASE ATTACH A COPY OF BOTH SIDES OF YOUR INSURANCE CARD	
We carry perso	nal accident/health ins	urance:		Yes No	
	City	Zip Code			
	Street Address				
Home Address:			Work Phone #		
~ .	ntact Person (if parents	s are not available)	Home Phone #		
	City	Zip Code			
man municipa	Street Address				
Home Address			Work Phone #		
Second Parent Name:					
	of Birth:				
Parent(s)/Guar	City dian Name:	Zip Code /	Work Phone #		
	Street Address	_			
Student's Primary Residence: Home Address:			Home Phone #		
C4d o4% Duims	Last	First			
Student Name:	-				