

ETHS Bands Medical Form

1. Student Name _____ Date of Birth: ____/____/____

Student Cell Phone _____

2. Year in School this fall (circle one): 9 10 11 12

3. Do you currently suffer from any Allergies (circle one)? Y N

Allergy _____

Allergy _____

Allergy _____

4. Do you currently take prescribed medications for Allergies (circle one)? Y N

If Yes, Name of Medication _____

How Many Times Daily _____

5. Do you currently take prescribed medication for a medical condition?

Condition _____

Name of Medication _____

Condition _____

Name of Medication _____

6. Are you allergic to any types of Drugs? _____

Please list _____

7. In the event of an emergency, contact:

Name: _____ Relation to Student: _____

Phone (w/area code) (____) _____-_____ Please indicate: Cell Phone / Land Line

Email (please print neatly): _____

8. Complete this form and return to:

Mr. Matthew P. Bufis

ETHS, 1600 Dodge Ave., Evanston, IL 60201

847.424.7853 (office)

Bee Sting Kits and Inhalers **must** be indicated on medical forms, and must remain with the student at all times.

This form will be used for emergency purposes only. All information herein will be kept strictly confidential. **We will keep this form to use with any other trips this year.**