

**COMMONWEALTH UNIVERSITY – MANSFIELD MARCHING BAND
HEALTH RECORD**

Student's Name _____
Last First Middle Initial

Birth Date _____ Age _____

Parent/ Guardian _____

Address _____

Parent or Guardian Phone _____

Emergency Contact Email Address (if available) _____

Pertinent Medical History _____

List Current Medications/ Dose/ Time _____

Allergies _____

Last date of Tetanus Toxoid _____

Name of Insurance Co. _____

Policy # _____ Address of Insurance Co. _____

Other Person to be notified in case of accident or illness if parent/guardian is not at home:

Name Phone

Signature Date