

METROPOLITAN SCHOOL DISTRICT OF STEUBEN COUNTY

400 SOUTH MARTHA STREET * ANGOLA, INDIANA 46703 * 260.665.2854 * FAX: 260.665.9155 *

www.msdssteuben.k12.in.us

Medical Questionnaire for Band

Students Name : _____ Grade: _____

Birth Date: _____

Medical problems: please circle one **No** **Yes** (please explain)

Activity Restrictions: please circle one **No** **Yes** (please explain)

Allergies: please circle one **No** **Yes** (please list)

Medication that would be needed on a field trip: **No** **Yes** (explain)

Emergency Contact #1: _____ Phone _____

Emergency Contact #2: _____ Phone _____

Parent/Guardian Signature: _____

Date: _____