



Cherokee Bluff Band Association
CBHS Registration 2019-2020

Medical Information

General Medical Information	
Student Name:	
Does the student have chronic health problems?	
Is the student allergic to any medicines?	
Please list all allergies (if applicable) including foods and environmental:	
Does student have asthma?	
Does student carry an EpiPen or inhaler?	
Please list medications taken on a regular basis:	
What is the date of the student's last tetanus shot?	
Please list any additional pertinent information :	
Physician Information*	
Phone:	Name/Practice:
Address:	
*If there is an incident warranting a hospital visit, we will take them to the nearest hospital available.	