

**WT WOODSON CHORUS HEALTH FORM (Please Print)**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Names of Parents/Guardians with whom child resides (list BOTH parents if applicable):  
Last First Middle  
\_\_\_\_\_

Address:

Street City State  
Zip  
Home phone: \_\_\_\_\_ Business phone: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

**(Include all area codes)**

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**(Include all area codes)**

Does student have school insurance? No \_\_\_ Yes \_\_\_ Type: \_\_\_\_\_

Parents' insurance: \_\_\_\_\_ Company/Policy No./I.D. No. \_\_\_\_\_

Military dependent? No \_\_\_ Yes \_\_\_ Military I.D. No. \_\_\_\_\_

Allergies (Indicate **YES** or **NO** for each): Food(s): \_\_\_\_\_

Medication: Penicillin \_\_\_ Sulfa \_\_\_\_\_ Benadryl \_\_\_\_\_; Other: \_\_\_\_\_

Has student ever had medical attention or been seen by a doctor for any of the following (indicate **YES** or **NO**)

\_\_\_\_\_ Asthma, Diabetes \_\_\_\_\_ Dizziness or Fainting \_\_\_ Epilepsy  
Eye, ear, nose or throat trouble \_\_\_ Frequent colds \_\_\_ Hay fever \_\_\_\_\_ Allergies \_\_\_\_\_  
Hepatitis or Jaundice \_\_\_\_\_ Kidney or Urinary trouble \_\_\_\_\_  
Heart palpitation, Stomach trouble \_\_\_\_\_ Other (please specify) \_\_\_\_\_  
None of the above \_\_\_\_\_

Does student wear contact lens? \_\_\_ Date of last Tetanus shot: \_\_\_\_\_

**Medication(s) taken regularly and reason:**

\_\_\_\_\_

**I GIVE PERMISSION FOR MY CHILD TO RECEIVE NON-ASPIRIN PAIN RELIEVER FROM A CHAPERONE: (Parent/Guardian name or initials) \_\_\_\_\_**

**The school has permission to call my family physician or another physician in an emergency if the family physician or I cannot be contacted.**

Name of Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY MEDICAL CARE AUTHORIZATION**

This authorization gives consent to Director Michael Ehrlich and/or W. T. Woodson Choir Chaperones to authorize **Emergency** medical care for the following minor child during the designated time period, only if reasonable, but unsuccessful, efforts have been made to contact me, no other reasonable alternative is available, or the circumstances otherwise require immediate action, such as an imminent life or health threatening situation:

**Child's name as it appears on official I.D.:**

\_\_\_\_\_

**Term of Authorization**

This authorization terminates on June 30, 2010. Dated this \_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Parent/Guardian name -**PLEASE PRINT**

Parent/Guardian Signature