

WT WOODSON CHORUS HEALTH FORM (Please Print Carefully)

Note: If you have more than one student in Chorus, please complete a form for each student.

Student's Name: _____ Date of Birth: _____
Last First Middle

Student's Cell Phone Number: _____

Names of Parents/Guardians with whom child resides (list BOTH parents if applicable):

Address: _____
Street City State Zip

Home phone: _____ Business phone: Father: _____ Mother: _____

(Include all area codes)

Emergency contact: _____ Phone: _____
(Include area code)

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, 2011. Dated this ___ day of _____, 20 ___.

Parent/Guardian name -PLEASE PRINT

Parent/Guardian Signature