

Singing School Medical Form

This completed form must be brought to registration by all Students who are under 18 and unaccompanied by parents.

Name: _____ SS # _____ - ____ - ____ DOB ____/____/____ Age ____
Last First MI M D Y

Address: _____ Phone: (____) _____
Number and Street City/State/Zip AC

Name of Parent/Legal Guardian: _____ SS # _____ - ____ - ____

Address: _____
Number and Street City/State/Zip

Phone: Home (____) _____ Business (____) _____ Cell (____) _____
AC AC AC

Family Physician's Name: _____

Address: _____ Phone: (____) _____
Number and Street City/State/Zip AC

Parent's address during the School if different from home address: _____

Phone: (____) _____

Hospital/Medical Insurance, give name and identification number: _____

(You may attach a copy of your medical health insurance card if available.)

If you are coming with an adult who is responsible for you, but who is NOT your parent or legal guardian, please give the name: _____

Name of two relatives/friends who may be contacted in case you cannot be reached in an emergency:

1. Name: _____ Address: _____ Phone: (____) _____

2. Name: _____ Address: _____ Phone: (____) _____

GENERAL HEALTH AND MEDICAL HISTORY:

1. Specify any chronic or long-term illness: _____

2. Specify any operations or serious injuries: _____

3. Check communicable diseases? Measles ____ German Measles ____ Mumps ____ Chicken Pox ____ Other: _____

4. Name any known allergy: Drugs _____ Food _____
Animals _____ Plants _____ Other _____

Explain reaction and indicate medication used. _____

5. Check any of the following: Sleepwalking ____ Other sleep disturbances ____ Nightmares ____ Fainting ____
Convulsions ____ Stomach upsets ____ Constipation ____ Emotional problems ____ Asthma ____ Give details: _____

6. Immunizations? DPT ____ German measles ____ Measles ____ Mumps ____ Polio ____ Other _____

7. MEDICATION: Is he/she bringing medication to school? ____ If yes, give name of medication: _____

(Note: Directions for administering must be on the label, name of medication, student's name)

8. RESTRICTIONS: Any activity restrictions? ____ If yes, specify: _____

In the event I cannot be reached in an emergency, I hereby give permission for the physicians selected by the officials of the school to provide whatever medical or surgical treatment is necessary.

Date _____ Signed _____ Parent ____ Legal Guardian ____ (Check One)

Parent/legal guardian should complete the following within 48 hours before student's arrival at school.

I certify that, to the best of my knowledge, my child has not been exposed to any communicable disease within the past three weeks.

Any known or obvious change in health status? No ____ Yes ____ If yes, explain: _____

Date _____ Signed _____ Parent ____ Legal Guardian ____ (Check One)