

OREGON FESTIVAL CHOIRS

Health History and Medical Release

Full Name _____ Birth date _____

 Last First MI

Choir (*check one*): PRELUDE INTERMEZZO FIERO LYRICA ARIA EXIT 194

Parents or Guardians _____

Home phone _____ Work phone _____

Address _____

City _____ Zip _____

Name of relatives or neighbors to be called if you cannot be reached in case of emergency. It is crucial that this information be complete.

1. _____
 Name Address Phone

2. _____
 Name Address Phone

Please list your child's physician in case additional medical history is needed in the event of an emergency.

 Physician's name Address Phone

REQUIRED:

Health Insurance Plan name/number _____ Member number _____

Health History

Write YES or NO. Explain YES answers below and tell us how you handle it at home.

asthma _____

convulsions _____

diabetes _____

rheumatic fever _____

epilepsy _____

glasses/contact lenses _____

hearing aid _____

heart disease _____

other _____

ALLERGIES or adverse reactions to:

hay fever _____

insect stings _____

penicillin _____

poison oak _____

Identify by name:

other drugs _____

animals _____

food _____

other _____

Has your child had:

chicken pox _____ measles _____

German measles _____ hepatitis _____

Has your child been vaccinated for:

chicken pox _____ measles _____

Whooping cough/pertussis _____

Date of last TETANUS booster _____

Explain any YES answers: _____

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Health History continued

FOR GIRLS:

Has your daughter menstruated? _____ If not, has she been told about it? _____

If so, is her menstrual history normal? _____

Special considerations: _____

Chronic or recurring illness _____

Any restrictions on physical activity _____

MEDICATIONS

Any over-the-counter medicines that may NOT be given: _____

List any medications taken regularly:

| name of medication | frequency | dosage |
|--------------------|-----------|--------|
|--------------------|-----------|--------|

Is your child responsible for administering his own medication? _____

AUTHORIZATION FOR EMERGENCY TREATMENT

This health history is complete and accurate and the child described herein is free of potential health problems (except those noted above) which might restrict his/her participation at any Oregon Festival Choirs activities. In the event I or the authorized physician named above cannot be reached in an emergency, I hereby give permission for the medical professionals selected by Oregon Festival Choirs personnel to treat, hospitalize, secure proper anesthesia, order injection or surgery, and take any necessary steps necessary for treatment and care of my child. This authorization applies whether the charges are covered by Oregon Festival Choirs insurance or by myself. I release Oregon Festival Choirs, their employees and agents from any claim of liability in connection therewith.

Signature of parent/guardian

Date