

Willamette Girlchoir - Health and Emergency Form

Name: _____ Date of Birth _____ Phone: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____

Business Address (Parent 1): _____ Phone: _____

Business Address (Parent 2): _____ Phone: _____

Additional emergency contact names and numbers:

Name and relationship: _____ Phone: _____

Name and relationship: _____ Phone: _____

Physician: _____ Phone: _____

Insurance Co. _____ Address: _____

Name of insured: _____ Employer: _____

Group Policy #: _____ Insured ID#: _____

Health Information

Please circle or check as appropriate

1. Childhood diseases: Chicken Pox German Measles Measles

2. Chronic illnesses or tendencies – give year and/or explain:

Ear infections		Eyesight impairment		Whooping cough	
Heart defect/disease		Hearing impairment		Typhoid fever	
Epilepsy/seizures		Speech impairment		Tuberculosis	
Bleeding disorders		Sinus infections		Arthritis	
Sore throats		Nephritis		Anorexia/Bulimia	
Hypertensions		Rheumatic fever		Convulsions	
Diabetes		Intestinal disorders		Appendicitis	
Musculoskeletal diseases		Tonsillitis		Nosebleeds	
Orthopedic condition		Mental/emotional disorder		Other	
Menstrual cramps		Scarlet fever			

Notes on above:

3. Please describe any serious operations or injuries below:

Operations or serious injuries: _____

Other diseased/disabilities/hospitalizations: _____

4. Allergies – describe reaction and treatment:

Animals (specify)		Plants	
Foods (specify)		Pollen	
Hay fever		Asthma	
Medicine/drugs		Other:	
Insect stings (please provide sting kit for all out-of-town trips)			

5. My daughter wears (how long each day?):

Glasses _____
Orthodontic appliances _____
Contact lenses _____
Other _____

6. Record of immunizations: (indicate if series is complete)

DPT _____
Polio _____
MMR _____
Hepatitis B _____

7. Please tell us about the following:

- Yes No Has your daughter begun menstruating?
- Yes No If not, has she received information about menses?
- Yes No Is she prone to motion sickness? (if yes, please send medication on any trips)
- Yes No Is she a sleepwalker?
- Yes No Is she prone to fainting spells or dizziness?
- Yes No Does she have permission to swim? (Skill level: _____)
- Yes No Will she be taking any medications while with WGC?
If yes, please list and give instructions: _____

- Yes No Is she under the care of physician at the present time?
If yes, please explain: _____

- Yes No Are you aware of you daughter having a bed-wetting problem? Please be honest! (if yes, describe extent and for overnight events please send along whatever is needed to address it – disposable night-time briefs, plastic bags, extra clothes, etc):

8. Emergency treatments: In case of medical or surgical emergency, I/we hereby give my/our permission for the physician selected by Willamette Girlchoir staff/chaperones to provide whatever emergency medical or surgical treatment is necessary.

This health history is correct and my/our daughter has permission to engage in all usual activities, except as noted.

Signed

Date

Signed

Date