

Health and Emergency Form



Willamette Girlchoir

Name: _____ Date of Birth: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Names: _____

Business address (Mom): _____ Phone: _____

Business address (Dad): _____ 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.

- Childhood diseases: Chicken Pox German Measles Measles Mumps
- 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:

Please describe any serious operations or injuries below:

Operations or serious injuries _____

Other diseased/disabilities/hospitalizations: _____

- Allergies – describe reaction and treatment:

| | | | |
|--|--|--------|--|
| Animals (which) | | 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 the WGC?
If yes, please list and give instructions:

Yes No Is she under the care of a physician at the present time?

Please explain:

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

8. Emergency Treatments:

a. 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 (parent or guardian)

Date

Signed (parent or guardian)

Date