

**CHILDREN'S CHORUS OF GREATER DALLAS**  
HEALTH FORM (2018-2019 SEASON)

Member's full name \_\_\_\_\_  
 \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI)  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Chorus: Pre App Con II Con I WYC Youth  
 (Circle one)

Parent/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_/\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_/\_\_\_\_

Father's Work Phone \_\_\_\_/\_\_\_\_ Cell Phone/Pager \_\_\_\_/\_\_\_\_

Mother's Work Phone \_\_\_\_/\_\_\_\_ Cell Phone/Pager \_\_\_\_/\_\_\_\_

Friend or Relative to call if unable to reach parent in emergency: \_\_\_\_\_

Home Phone \_\_\_\_/\_\_\_\_ Work Phone \_\_\_\_/\_\_\_\_ Cell Phone/Pager \_\_\_\_/\_\_\_\_

Name of Member's Physician \_\_\_\_\_ Phone \_\_\_\_/\_\_\_\_

Date of last Physical \_\_\_\_\_ Date of last Tetanus or Booster Shot \_\_\_\_\_

Is Member covered by a Health Insurance Policy? YES \_\_\_\_\_ NO \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

If Member requires hospitalization, where would you prefer he or she be taken? \_\_\_\_\_

Health History

Allergies

Diseases

Ear Infections	_____	Hay Fever	_____	Measles	_____
Rheumatic Fever	_____	Asthma	_____	German Measles	_____
Convulsions	_____	Insect Stings	_____	Mumps	_____
Epilepsy	_____	Dogs/Cats	_____	Chicken Pox	_____
Heart Condition	_____	Foods (specify below)	_____	Other (specify below)	_____
Diabetes	_____	Penicillin	_____		
Fainting Spells	_____	Other Drugs (specify below)	_____		
Motion Sickness	_____	Other (specify below)	_____		
Wears Glasses/Contacts	_____				

Describe any learning problems or disabilities \_\_\_\_\_

Describe any recent serious illnesses or operations \_\_\_\_\_

List medications currently being taken on a regular basis \_\_\_\_\_

**In Case of an Emergency, I give my permission to adult persons representing the Children's Chorus of Greater Dallas to obtain and agree to emergency medical treatment for my child, to hospitalize him/her if necessary, and to agree to surgical treatment to save my child's life, if, after diligent effort, a parent/legal guardian of the child cannot be located and medical exigencies require that a decision be made. It is understood that every effort will be made to reach the persons named on this form.**

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_