

**CHILDREN'S CHORUS OF GREATER DALLAS
HEALTH FORM**

Camper's full name _____

(Last) (First) (MI)

Date of Birth ____/____/____ Age _____

(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 Camper's Physician _____ Phone ____/____

Date of last Physical _____ Date of last Tetanus or Booster Shot _____

Is Camper covered by a Health Insurance Policy? YES _____ NO _____

Insurance Company _____ Policy # _____

If Camper 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 _____