

CHILDREN'S CHORUS OF GREATER DALLAS
HEALTH FORM (2017-2018 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? _____

<u>Health History</u>	<u>Allergies</u>	<u>Diseases</u>
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 _____