

Oberlin Choristers Emergency & Medical Information and Release Form

Singer's Name _____ Choir _____

Birthdate _____ Address _____

Father's Name _____ Mother's Name _____

Father's Home Phone _____ Mother's Home Phone _____

Father's Work Phone _____ Mother's Work Phone _____

Father's Cell Phone _____ Mother's Cell Phone _____

Persons to be notified in case of emergency if parents cannot be reached:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Emergency Medical Information:

Choice of Physician _____ Phone _____

Preferred Hospital _____ Phone _____

Does your child have any special health problems or is your child currently taking medication? Yes ___ No ___

If yes, what specific health problem and/or what medication should we be aware of? _____

Date of last tetanus booster or DPT: _____

List all known allergies _____

Current treatment of allergies _____

Medical Insurance Carrier _____ Group or ID Number _____

General Questions (Please explain "yes" answers on reverse) Has/does the participant:

- | | Yes | No | | Yes | No |
|---|-----|-----|---|-----|-----|
| 1. Had any recent injury, illness or infectious disease | ___ | ___ | 9. Have frequent colds or coughs? | ___ | ___ |
| 2. Have a chronic or recurring illness/condition? | ___ | ___ | 10. Have any sleeping problems? | ___ | ___ |
| 3. Ever been hospitalized? | ___ | ___ | 11. Ever passed out during or after exercise? | ___ | ___ |
| 4. Ever had surgery? | ___ | ___ | 12. Ever been dizzy during or after exercise? | ___ | ___ |
| 5. Have frequent headaches? | ___ | ___ | 13. Ever had seizures? | ___ | ___ |
| 6. Ever been knocked unconscious? | ___ | ___ | 14. Have asthma? | ___ | ___ |
| 7. Wear glasses, contacts, or protective eye wear? | ___ | ___ | 15. Had mononucleosis in the past 12 months? | ___ | ___ |
| 8. Ever had frequent ear infections? | ___ | ___ | 16. Had problems with diarrhea/constipation? | ___ | ___ |

Parent/Guardian Authorizations:

This health history is correct and complete as far as I know and the person herein described has permission to engage in all Chorister activities except as noted on the back of this form. In the unlikely event that my child becomes ill or is injured and I or the authorized physician named cannot be immediately contacted at the time of an emergency, and if in the judgment of the staff of the Oberlin Choristers immediate observation or treatment is necessary, I authorize and direct the choir staff and/or my child's chaperone to send my child to the hospital or physician most easily accessible. I hereby grant permission to the choir staff and/or my child's chaperone to administer over-the-counter medications if they are needed for minor problems (please note any exceptions):

I release the Oberlin Choristers and its staff and/or my child's chaperone from any claim or liability in connection therewith.

Parent/Guardian Signature _____ Date _____

Please use the reverse side of this form to provide any additional information about the participant's health history, behavior and/or physical, emotional, or mental health about which the Oberlin Choristers staff and chaperones should be made aware.