

Oberlin Choristers Emergency & Medical Information and Release Form

Singer's Name _____ Choir _____

Birthdate _____ Address _____
STREET CITY ST ZIP

Parent Name _____ Parent Name _____

Parent Home Phone _____ Parent Home Phone _____

Parent Work Phone _____ Parent Work Phone _____

Parent Cell Phone _____ Parent Cell Phone _____

Persons to be notified in case of emergency if neither parent can 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.