

HEALTH AND MEDICAL RELEASE FORM

This is a confidential medical form to be used only by Cantabella and SAMH staff. Please fill out completely.

Last Name _____ First Name _____ Age _____

Address _____ City _____ Zip _____

Mother's Name _____ Home Phone _____ Cell Phone _____

Father's Name _____ Home Phone _____ Cell Phone _____

Health Insurance _____ Medical ID/Group Number _____

Emergency Names and Phone Numbers (at least two people who will be available June 20 – 24 in the case of emergency):

Health History

Have you had or do you have any of these?			
Asthma?	Diabetes?	Bronchitis?	Heart Trouble?
Fainting Spells?	Convulsions?	Rheumatic Fever?	Other?
Allergy or reaction to bee sting?		Have you ever been stung by a bee?	
Allergy or Reaction to medicine?		Please explain:	
Swimming or Sport Restrictions:		Please explain:	
Have you had surgery or a serious illness in the past year:		Please explain:	
Do you have difficulty with digestion?		Please explain:	
Do you have any Menstrual problems?		Please explain:	
Do you have any condition requiring medication now?		Please explain:	
Name of medication:		Dosage Information:	
Any restriction of activity for medical reasons?		Please explain:	
Any special circumstances SAMH staff should be aware of (such as food allergies, etc.)?		Please explain:	
Last tetanus shot date:			

It is recommended that each chorister have a physical examination before coming to the festival, however, it is not required. In waiving this requirement, the parent or guardian assumes responsibility for the physical condition of the chorister. Any medication brought to the festival should be in the original bottles clearly marked with the chorister's name and dosage.

I hereby grant permission for administration of emergency treatment in case of accident or illness occurring while traveling to or from the festival and while participating in the activities *during* the festival. I give consent for the above named participant to participate in all activities and programs at SAMH festival.

Parent or Guardian's Signature

Date

MEDICAL RELEASE

In case of accident or illness occurring during the festival or in travel to or from the festival I hereby grant permission for reasonably necessary diagnostic procedures and emergency medical and/or dental treatment by licensed medical and/or dental personnel, and I agree to be responsible for any expenses incurred for such treatment.

I also give my consent for the chorister to receive, if needed, the following over-the-counter medications, or their equivalent, according to the recommended dosage listed on the medication.

Please check all that apply:

<input type="checkbox"/> Tylenol	<input type="checkbox"/> Advil	<input type="checkbox"/> Pepto Bismol	<input type="checkbox"/> Antihistamine	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cold Tablet	<input type="checkbox"/> Benedryl	<input type="checkbox"/> Teen Midol	<input type="checkbox"/> Eye Drops	(please specify)
<input type="checkbox"/> All of the Above	<input type="checkbox"/> None of the Above			

This is to acknowledge that I have read and understood all of the information provided in this form and acknowledged with my signature my understanding and consent.

My signature below acknowledges that I have the authority to make medical decisions regarding this chorister.

Signature of Parent or Guardian

Date