

Please circle as appropriate:

My daughter's health this past year: Good Fair Poor
My daughter's present health: Good Fair Poor
My daughter has had: Chicken Measles Mumps
 Pox Measles

Recent or chronic illnesses (please explain and describe treatment):

Arthritis	Anorexia	Asthma
Depression/Anxiety	Dizziness	Ear Infections
Epilepsy/seizures	Fainting	Heart problems
Headaches	Infections	Intestinal problems
Kidney/bladder	Menstrual cramps	Muscle/bone
Nausea/vomiting	Nose bleeds	Sinus problems
Skin problems	Sore throat	Tonsillitis
Vision impairment	Other _____	

Comments _____

Allergies (Describe reaction and treatment):

Insect stings _____ Food _____
Hay fever _____ Medicine _____
Animals _____ Plants _____
Pollens _____ Other _____

Special or preferred diet requirements:

Please describe and give dates:

Surgeries or serious injuries _____
Other illnesses or disabilities _____

My daughter wears:

____ Glasses ____ Contacts ____ Orthodontic appliance(s) ____ Other

Record of Immunizations:

	Primary Date	Booster Date
DPT	_____	_____
Oral Polio	_____	_____
MMR	_____	_____
Tetanus	_____	_____
Other _____	_____	_____

Has your daughter begun menstruation? ____yes ____no

If not, has she received information? ____yes ____no

Is your daughter prone to motion sickness? ____yes ____no

Is your daughter a sleepwalker? ____yes ____no

Does she have your permission to swim? ____yes ____no

Skill level _____

My daughter's routine medications are: _____

I give my permission for David Ouzts, director, or Beth Fischer, choir manager, to obtain emergency medical treatment or assistance for my daughter in the event that it is necessary.

I further give my permission for Beth Fischer, choir manager, to give to my daughter the following non-prescription drugs at her discretion (please check):

____ Tylenol or Advil (for headaches or fever)
____ Pepto-Bismol or Tums (for upset stomach)
____ Benadryl (for allergic reaction or congestion)
____ Robitussin (for cough)
____ Imodium (for diarrhea)
Other _____

Please provide any additional information you think might be needed. The information needs to be extensive because it covers Choir Day Camp, rehearsals, concerts, worship services, trips, touring, etc.

Parent Signature _____

Print Name _____

Date _____

Guardian Signature _____

Print Name _____

Date _____

State of Tennessee
Shelby County

Sworn and subscribed before me this

_____ day of _____, 2004

_____ Notary Public

My commission expires on _____.

Memphis Girls Choir

HEALTH AND EMERGENCY INFORMATION FORM
2004 – 2005 SEASON

Chorister Name _____ Today's Date _____

Address _____

City _____ State _____ ZIP + 4 _____

Mother _____ Father _____

Address _____ Address _____

City _____ City _____

State _____ ZIP + 4 _____ State _____ ZIP + 4 _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Mobile Phone _____ Mobile Phone _____

Other Phone _____ Other Phone _____

Work Address _____ Work Address _____

Other Emergency Contact Name _____

Phone _____ Relationship _____

Physician _____ Phone _____

Address _____

Insurance Provider _____ I.D. # _____

Subscriber Name _____ Group # _____

Subscriber Employer _____

Preferred Hospital _____