

# Senior Honors Choir Medical Information Form

• Return on September 30 •

**\*\*Copy to the back of this form the front and back of your health insurance card\*\***

Check here if student does not have medical insurance

Please PRINT with BLACK ink

*Please note that pertinent medical information on this form will be shared with staff as needed*

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Gender M F Age \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ *To be used by the chaperone and/or staff member only if we cannot contact parent/guardian*

Doctors' Names \_\_\_\_\_

Phone Numbers \_\_\_\_\_

Student's Allergies \_\_\_\_\_

Does student use an inhaler? \_\_\_\_\_ Does student carry an inhaler? \_\_\_\_\_ Does student carry an EpiPen? \_\_\_\_\_

If student uses an inhaler or EpiPen, is he/she capable of self-administering the medication? \_\_\_\_\_

Medications Student is Currently Taking:

(name of medication) (dosage) (time medication is taken) (why is medication prescribed)

\_\_\_\_\_

\_\_\_\_\_

The chaperones have my specific permission to dispense the following nonprescription medication to my child:  
(circle those allowed)

Tylenol Ibuprofen Anti-Diarrhea Tums Benadryl Excedrin Migraine Dramamine

\* If there are emotional concerns that are necessary to share, please email Senior Honors Choir director Randy Yoder.

## PARENTAL ACKNOWLEDGEMENT AND HOLD HARMLESS AGREEMENT

By allowing my child to participate in York County Honors Choirs, I am requesting that a chaperone become the temporary guardian of my child for the limited purpose of administering medication and seeking medical treatment including emergency medical care for the child if necessary. I agree to hold harmless and indemnify York County Honors Choirs, Inc. against any legal claims related to medical or emergency care for my child.

Any legal claims relating to York County Honors Choirs, Inc. shall be subject to the laws of Pennsylvania and decided by the Court of Common Pleas of York County.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_