

York County Honors Choirs Medical Information Form

*** Return at audition ***

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 _____ 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*

Does student have health insurance? _____ YES _____ NO

Preferred Hospital _____

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 Dramamine Cough Drops

* If there are emotional concerns that are necessary to share, please email the choir director.

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 _____