

The Walker Family Band Music Workshop

Health and Medical Information Form

(Please attach additional sheet if necessary)

Participant's Name: _____ Date: _____

1. Do you have any physical complaint or chronic illness at this time?

YES NO If so,

explain. _____

2. Are you under the care of a doctor for any reason?

YES NO If so, for what reason? _____

3. Are you taking medication(s) of any type?

YES NO If so, list medications.

NOTE: Only commercially packaged medications with original labeling (listed above) can be possessed by any student in the High School Group. High School Students are responsible to remember to take their medications and keep the medications secured in a locked container. If parents prefer for the staff chaperone to administer any homeopathic, over-the-counter, or prescription medications for your student, we must be provided with the medication, appropriately labeled by the manufacturer or pharmacy. A written request from a student's parent or guardian with detailed instructions describing the conditions and schedule under which the medication is to be administered, must be on file. Please include parent's signature. Please also provide a copy of the medication description and precautionary information from the pharmacy.

4. Does your child carry an EpiPen? YES NO If yes, please provide instructions for use.

5. Do you have or have you had any of the following illnesses/conditions?

YES NO Allergies

YES NO Asthma

YES NO Diabetes

YES NO Dizziness/Fainting

YES NO Heart Conditions

YES NO Seizures

YES NO Other _____

If you answered YES to any of these questions, please describe the condition, any reactions, and any treatment that has been prescribed.

Please list specific allergies.

6. Is your child's Tetanus shot current? YES NO
Date: _____

7. Do you have any special needs of which we should be aware?

YES NO If so, give details.

Please include a copy of your health plan card - front and back.

To the best of my knowledge, this information is accurate and complete. I am of the opinion that the above-named individual can safely participate in the activities associated with this event and has no contagious or communicable disease or condition.

Signature of Participant: _____

(If Participant is under age 18)

Signature of Parent or Guardian: _____

The information gathered herein will be used for the sole purpose of providing appropriate information that may be helpful to staff or medical providers in the event that medical questions arise, and a parent or guardian cannot be reached. To ensure your family's privacy, these forms are destroyed upon completion of your student's participation at the workshop.