

RETREAT HEALTH FORM



Directions:

This form must be completed by a parent or legal guardian in order for a youth to participate in the TYO Symphony/Chamber retreat.

Name: \_\_\_\_\_
Name of Parent/Guardian or Emergency Contact: \_\_\_\_\_
Relationship to Participant: \_\_\_\_\_
Emergency Contact Primary Phone \_\_\_\_\_
Family Doctor: \_\_\_\_\_ Doctor's Office Phone: \_\_\_\_\_

Does the participant have any of the following? Check "Yes" or "No" to each item. Please explain any "Yes" answers (noting the # of the item) in the space below or on an additional sheet of paper if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

- Asthma Yes or No
Bronchitis Yes or No
Convulsions Yes or No
Diabetes Yes or No
Fainting Yes or No
Heart Condition Yes or No
Headaches Yes or No
Hypoglycemia Yes or No
Serious Insect Stings reactions Yes or No
Serious Ivy, Oak, or Sumac Yes or No
Penicillin Allergy Yes or No
Aspirin Allergy Yes or No
Tetanus Allergy Yes or No
Penicillin Allergy Yes or No
Sunscreen Allergies Yes or No
Other Drug Allergies Yes or No
Food Allergies Yes or No
Other Allergies Yes or No

The following over-the-counter medications may be administered to my child, without contacting me. Check all that apply.
[ ] Antihistamine
[ ] Antacid
[ ] Ibuprofen (Advil)
[ ] Acetaminophen (Tylenol)
[ ] Hydrocortisone
[ ] Decongestant
[ ] Polysporin (topical antibiotics)
[ ] Aloe Vera Gel for Sunburn
[ ] Please contact me for permission to administer ANY over-the counter medications.

Any other health conditions that we should be aware of: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

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