

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 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