

CHORISTER MEDICAL INFORMATION 2013-2014

Chorister: _____ **Age:** _____ **Date of Birth:** _____

EMERGENCY CONTACT INFORMATION: If parents cannot be reached, please notify:

Name Home Phone Cell Phone
Relationship: _____

Physician Name Phone

Dentist Name Phone

Please provide a copy of your group or individual health plan card in case of illness or injury. If you do not have a health plan, please write none.

Insurance Company Name Group or ID # Insured's Name

Insurance Company Phone Insured's ID Prescription Card #

Allergies (if none, please write NONE): _____

Medications Taken: _____

Other Medical Conditions: _____

Disabilities: _____

Special Dietary Needs: _____

Consent for Administration of Approved Discretionary Medications

Choristers sometimes request Tylenol or Advil (or their generic equivalents) for headaches or other pain – in this event; please indicate the action you wish TBCC Staff and/or Chaperones to take.

____ My CHILD MAY BE GIVEN _____

Medication name(s) & dosage

____ My CHILD MAY **NOT** BE GIVEN ANY MEDICATIONS UNTIL A PARENT OR EMERGENCY CONTACT HAS BEEN CONSULTED.

____ Additional Instructions _____