MEDICAL AND RELEASE FORM

RIGBY HIGH SCHOOL DEPARTMENT of MUSIC

GENERAL INFORMATION

Name _____ Birthdate_____/_____/_____ Gender _____

Address_____ City _____

Parent/Guardian_____ Parent/Guardian_____

Home Phone _____ Parent's Cell_____ Parent's Work _____ Ext. _____

Insurance Company_____ Policy Number_____

In case of an emergency, and we are unable to contact a parent/guardian, who may we call?

Name_____ Relationship_____

Home Phone _____ Cell/Mobile_____ Work _____ Ext. _____

Please list any food needs you may have: _____

_____

MEDICAL HISTORY

Primary Care Physician Name_____ Phone _____

Date of most recent physical examination (mm/yyyy) _____ / _____

Are you now, or have you ever been treated for the following:

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

ALLERGIES and REACTIONS to:

Medications: _____

_____

Food:_____

_____

Other (please specify):_____

_____

_____

_____

Current Medications (name and dosage):

_____

_____

_____

_____

_____

Use the back of this sheet to add or continue any information you may deem necessary and/or helpful

PERMISSION & RELEASE

Directors and chaperones affiliated with Rigby High School will not distribute any medication, prescribed or otherwise. It is recommended to remain home if medication or current medical condition may become a worry or issue during the activity.

In the event I can not be reached in an emergency regarding me or my child, I give my permission to the directors and staff of RHS to secure proper medical care and treatment for me or my child.

_____ _____

Parent/Guardian Name (print clearly) Parent/Guardian Signature