



PERSONAL HEALTH AND MEDICAL RECORD

ACTIVITY: Choir Camp for students in grades 3 – 8 on the Reinhardt College campus from Sunday, July 10 to Friday July 15, 2011. Level of activity is similar to that of home or school. Current personal health and medical summary (history) is attested by parents to be accurate. This form is filled out by all participants and is on file for easy reference.

**PERSONAL HEALTH AND MEDICAL HISTORY
(TO BE FILLED OUT BY ALL PARTICIPANTS)**

Form to be filled out by a parent, guardian, or adult participant. Please **PRINT CLEARLY** in ink.

IDENTIFICATION

Name _____ Date of Birth _____ Age _____ Sex _____

Name of parent or guardian _____ Phone _____

Home Address _____ City _____

State _____ Zip Code _____ Work Phone _____ Cell Phone _____

If person named above is not available, in the event of an emergency, notify:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name of personal physician _____ Phone _____

Personal health/accident insurance carrier _____ Policy # _____

Check all items that apply, **past or present**, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, medicines, insects, plants Yes [] No [] Explain Reaction _____

GENERAL INFORMATION

	YES	NO		YES	NO		YES	NO
Asthma- Severe or Mild	[]	[]	Diabetes	[]	[]	High blood pressure	[]	[]
Inhaler	[]	[]				Hemophilia	[]	[]
Cancer/leukemia	[]	[]	Heart trouble	[]	[]	Kidney disease	[]	[]
Convulsions/seizures	[]	[]	Type of Seizure	_____		Date of last occurrence	_____	
Recent Fracture	[]	[]	Date	_____		Sight	_____	

Explain _____

List any medications to be taken at camp _____

List any physical or behavioral conditions that may affect or limit full participation in camp activities _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc. _____

IMMUNIZATIONS (give date of last inoculation)

Tetanus toxoid _____ Measles _____ Polio _____

Diphtheria _____ Mumps _____

Mumps _____ Rubella _____

I give my permission for full participation in the Mabel Boyter Choir Camp that will be held from July 10 – July 15, 2011 on the Reinhardt College Campus in Waleska, GA, subject to limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates.

In case of emergency, I understand every effort will be made to contact me (if an adult my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if an adult).

Date _____ Signature of parent/guardian or adult _____