

**Marple Newtown High School Choral Department
Health History/Permission Form**

(Child's name) _____ has my/our permission to participate in all Marple Newtown Choral events unless/until that permission is revoked by me/us. If there are any changes in my child's medical condition, it is my/our responsibility to notify the choir director immediately and complete a new health form. In case of an emergency, those duly authorized nurses, director, and/or chaperones have my/our permission to act on my/our behalf in the best interest of my/our child.

Personal History:

Grade in 2006-2007 school year _____ Male _____ Female _____ DOB _____

Present address (no PO BOXES) _____

Parent or Legal Guardian's Name _____

Home Phone # _____ Work/Cell Phone # _____

Other people to contact in case of emergency

1. _____
name *number(s)* *relationship*
2. _____
name *number(s)* *relationship*

Health History: Please give dates where known.

Operation (within the past year) _____

Emotional problems (i.e. hyperventilation, hysteria) _____

Serious Medical Problems _____

Rheumatic Fever _____ Diabetes _____ Epilepsy _____

Allergy _____ Date of Last Tetanus shot _____

Any special health problems in the past _____

Drug Allergies _____

Medication that the student currently takes _____

Current Medical treatment your child is undergoing _____

Family Physician _____ Phone Number _____

As per MNSD board policy, insurance must represent at least \$20,000 in medical coverage to participate in this activity. By signing below, you are stating that you understand this policy, and have coverage representing at least \$20,000 Medical.

Insurance Company and/or Blue Cross/Blue Shield _____

Agreement/Identification Number _____

Parent/Guardian Signature _____ Printed _____