

North Carolina Honors Orchestra
Medical Form

School: _____ Director: _____

Student's Medical History

Student's Full Name: _____ Date: _____

Birthdate: _____ Current Age: _____ Grade Level: _____

Father's Name: _____

Mother's Name: _____

Legal Guardian: _____

Address: _____ City: _____ Zip: _____

Phone Number Day: _____ Evening: _____

Alternate Emergency contact: _____ Phone: _____

Family Physician: _____ Phone: _____

School Insurance? Yes No

Family Insurance Policy: _____ Number: _____

Allergies to Drugs or General Anesthesia? _____

Other Allergies? _____

Medical Conditions Currently Under Treatment? _____

Physical Disabilities? Rheumatic Fever____ Sickle Cell____
 Convulsive Disorder____ Asthma____
 Bleeding Disorder____ Other____

Past Surgery? _____

Date of Last Tetanus Shot? _____

Special Health Problems? _____

Medical Release:

I, the parent (or legal guardian) of _____ give my permission to _____ to act as guardian in the event of an accident involving my child if I cannot be contacted. Also, in the event of emergency, he/she has my permission to consent to any medications or treatments deemed necessary by the attending physician for the proper treatment and well-being of my child.

Signature of Parent or Guardian