

MEDICAL QUESTIONNAIRE-CHOIR

Name _____ Grade _____ Birth Date _____

Address _____ City _____ Zip _____

Father/Guardian's Name _____ Mother/Guar Name _____

Home address _____ Home Address _____
[If different] [If different]

Emergency Phone _____ Emergency Phone _____

Family Physician _____
Name Address Phone

In the event of an emergency, when parent cannot be reached, please call:

Name: _____

Address: _____

Phone (Home) _____ (Cell) _____

Relationship to student: _____

Insurance

Please submit your hospitalization insurance below:

Policy holder name: _____

Group number: _____

Contract number: _____

If insurance is given through employment, please give name of employer and address:

Past Medical History

Please list below if your child has any:

Unusual childhood diseases _____

Medical diseases _____

Allergies to medications _____

Operations/injuries _____

Lungs: shortness of breath, asthma, cough _____

Are you under observation or treatment? _____

Are you taking any medications at this time? _____

The Bearer of this document has my permission to authorize emergency medical treatment

Parent or Legal Guardian