

## Appalachian Children's Chorus Health History

Name \_\_\_\_\_ Choir \_\_\_\_\_

Please circle as appropriate:

1. Health in the past year: Good    Fair    Poor

2. Present health:    Good    Fair    Poor

3. Please circle your child's illnesses or tendencies:

ADD/ADHD	OCD	Bipolar Disorder
Ear infections	Eyesight impairment	Scarlet fever
Heart defect/disease	Hearing impairment	Whooping cough
Epilepsy/seizures	Speech impairment	Asthma
Bleeding disorders	Sinus infection	Tuberculosis
Urinary tract infection	Nephritis	Arthritis
Hypertension	Rheumatic fever	Anorexia/Bulimia
Diabetes	Intestinal disorders	Tonsillitis
Musculoskeletal disease	menstrual cramps	Mental/emotional disorders
Nosebleeds		
Other _____		

4. Please describe conditions and give dates: Operations and serious injuries: \_\_\_\_\_

Hospitalizations: \_\_\_\_\_

Other diseases/disabilities: \_\_\_\_\_

Daily Medications: \_\_\_\_\_

5. **Known Allergies** & Treatments (if there are no known allergies, please write "NONE")

Asthma	Animals	Plants
Food	Pollen	Hay fever

Insect stings (please bring bee sting kit along for serious allergy)

Other \_\_\_\_\_

Recommended Treatment: \_\_\_\_\_

6. My child wears: (how long each day)

Glasses \_\_\_\_\_ Contact Lenses \_\_\_\_\_

Orthodontic appliances \_\_\_\_\_

Other \_\_\_\_\_

7. Record of Immunization:

	Year primary <u>Series completed</u>	Year of last <u>booster</u>
DPT .....	_____	_____
TD .....	_____	_____
Oral Polio .....	_____	_____
MMR.....	_____	_____
Other_____	_____	_____

**Yes No** Has your daughter started menstruating?  
**Yes No** If not, has she received information about menses?  
**Yes No** Is your child prone to motion sickness? (If yes, please explain)\_\_\_\_\_

**Yes No** Is your child prone to fainting or dizziness?  
**Yes No** Is your child a sleepwalker?  
**Yes No** Does your child have your permission to swim?  
**Yes No** Does your child have a bed-wetting problem?  
 (PLEASE BE HONEST! If yes, describe extent and send along disposable nighttime undergarments (“Depends”) plastic bags, extra clothes and any other items you have found helpful in dealing with the problem.  
**Yes No** Will your child be taking medication while with ACC?  
 If yes please list and send along with instructions: \_\_\_\_\_

**Yes No** Is your child under the care of a physician at the present time?  
 If yes, please explain:\_\_\_\_\_

**Yes No** In case of medical or surgical emergency, if I am not present or able to be contacted, I hereby give my permission to the physician selected by the Appalachian Children’s Chorus chaperones to provide whatever emergency medical or surgical treatment is necessary.

This health history is correct and my child has permission to engage in all prescribed activities except as noted by me.\_\_\_\_\_

\_\_\_\_\_  
 Parent /Guardian Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent / Guardian Signature

\_\_\_\_\_  
 Date

**Both parents/guardians must execute this release. If custody of the child has been awarded to one parent by a court of law, only the custodial parent needs to sign. In cases where joint custody has been established by a court, both parents must sign.**