

LUTHERAN YOUTH CHOIR HEALTH AND CONTACT FORM

HEALTH INFORMATION (Check all applicable or indicate 'none')

1. BASIC HEALTH HISTORY: ___Heart defect ___Asthma ___Epilepsy
___Diabetes ___Depression ___Other: _____

2. ALLERGIES: ___ Penicillin ___ Aspirin ___Hay Fever ___Bee stings
___Other:_____ Food: _____

3. MEDICATIONS: _____

4. DIETARY MODIFICATIONS: _____

5. SURGERIES, SERIOUS OR CHRONIC CONDITIONS: _____

Indicate the date of the most recent tetanus booster (MUST HAVE):
_____.

6. ANY CURRENT PRESCRIPTION DRUGS (These must be brought in prescribed
containers and have instructions for use.)

7. May have aspirin: ___YES ___NO

8. May have Tylenol: ___YES ___NO

HEALTH EXAMINATION RECORD

This health history is correct as far as I know, and the person herein described has
permission to engage in all prescribed choir activities except as noted by me below. I
also attest that the person herein described has had a medical examination within the
last 24 months.

PHYSICAL RESTRICTIONS: _____

DATE OF LAST PHYSICAL: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

NAME AND PHONE OF FAMILY PHYSICIAN: _____
