



## WORKSHOP MEDICAL FORM

All information on this form is considered to be confidential, and will be treated accordingly. The form must be completed by the parent or guardian, or by the participant if they are eighteen years of age or older.

~ Please *print* all information.

Name \_\_\_\_\_ Sex: M \_\_ F \_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Parent or Guardian Information:

	Mother	Father
Name		
Address		
Phone (home)		
Phone (work)		

Alternate contact in event of emergency:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Health Insurance Information: Please attach a *photocopy* of **Alberta Health Care Card**

Alberta Health Care Number: \_\_\_\_\_

Family Physician: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

**Allergies**List **ALL** known allergies (including medication, food, inhalants, etc.)

ALLERGY	REACTION	TREATMENT

**Medication**

Please list all current medications (prescription and over the counter)

MEDICATION	DOSAGE & TIMES TAKEN	REASON

All prescription medication must be in the *original, labeled* container. Please ensure you have enough medication for the entire time away with the orchestra.

**Medical history**

Does the participant have any of the following:

Diabetes	Yes ___ No ___	Chronic Bronchitis	Yes ___ No ___
Epilepsy	Yes ___ No ___	Rheumatic Fever	Yes ___ No ___
Asthma	Yes ___ No ___	Stomach or Bowel Disease	Yes ___ No ___
Arthritis	Yes ___ No ___	Glandular Problems	Yes ___ No ___
Convulsions	Yes ___ No ___	Emotional Illness	Yes ___ No ___
Heart Disease	Yes ___ No ___	Fainting Spells	Yes ___ No ___
Kidney Disease	Yes ___ No ___	Other (provide details)	Yes ___ No ___

If yes, remarks \_\_\_\_\_

Does, or has, the participant had any difficulties with any of the following:

Eyes Yes \_\_\_ No \_\_\_ Remarks \_\_\_\_\_

Wear Contact Lenses Yes \_\_\_ No \_\_\_ Remarks \_\_\_\_\_

Ears Yes \_\_\_ No \_\_\_ Remarks \_\_\_\_\_

Nose Yes \_\_\_ No \_\_\_ Remarks \_\_\_\_\_

Throat Yes \_\_\_ No \_\_\_ Remarks \_\_\_\_\_

Digestion Yes \_\_\_ No \_\_\_ Remarks \_\_\_\_\_

Is the participant presently undergoing any treatment for an illness or injury incurred within the past year? Yes \_\_\_ No \_\_\_

If yes, please describe \_\_\_\_\_

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Does the participant have any medical concerns that would influence his/her participation in any activities? Yes \_\_\_ No \_\_\_

If yes, please explain \_\_\_\_\_

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Will you permit chaperones to administer light remedies, specifically for headaches, colds or upset stomach (such as Tylenol, Gravol, cold medication, etc.)?

Yes \_\_\_ No \_\_\_

If any exceptions, please specify \_\_\_\_\_

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Does the participant have any personal problems of which the chaperones should be aware? Yes \_\_\_ No \_\_\_

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Are there any foods the student cannot eat because of health reasons or because of religious or other beliefs? Yes \_\_\_ No \_\_\_

If yes, please specify \_\_\_\_\_

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Other Information or Comments about the general health of the participant

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Full Name of Person completing the form:

\_\_\_\_\_  
\_\_\_\_\_

(Parent/Guardian signature or participant if over 18)

(Date)

*Please note: This form must be completed and will be kept on file and used for the Banff workshop as well as concerts and other activities. It is your responsibility to notify the Orchestra Manager and update this form. The care of your child while away or off-site depends on accurate, up-to-date information.*