

Orchestra Retreat Medical Information Form & Release Form

If Parent is attending, fill out first 4 lines of this section and the Allergies section; otherwise you must complete both pages of this form and attach a copy of your medical insurance form. Please be sure to fill out one form for each student that will be attending.

Student's Nam	e:				
Gender (circle): Male / Female		Birth Date:	Weight:		
Home Address	s:				
Parent/Guardian:		Day I	Phone: Eve	Evening Phone:	
Will a Parent be person(s):	e available in an emergen	ncy? Or to bring Chil	d home if necessary? If	not, identify the responsible	
(1)	Relatio to Stud		Day Phone:	Evening Phone:	
(1)	to Stud Relatio		Priorie Day	Frione Evening	
(2)	to Stud	•	Phone:	Phone:	
Student's Phy	/sician:	Address:		Phone:	
Do you carry family medical/hospital in		nsurance?	If so, what carrie	er?	
Policy/Group	No:	(Please attach a	a photocopy of your medical	Insurance Card.)	
Is the student on Medication:	DS (Explain in detail on Pa currently receiving any m	edication or treatment? For what?	How ofte	en?	
Medication:				low often?	
Other:		For what?	How often?		
,	departure with very Explain in detail on Page 2	complete written instructi ? if necessary.)	riginal containers to the Staff b ons for administering the medi	cations.)	
	o FOODS? If so, list:				
Is this student allergic to BEE STINGS?		OTHE	OTHER allergies?		
MEDICAL HIST	ORY (Check ALL that ap	ply and explain in detail	on Page 2 if necessary.)		
□ Asthma	☐ Convulsions	☐ Rheumatic Fever	_	Bleeding Disorder	
□ Diabetes	□ Fainting Spells	□ Sleeping Problems	☐ Stomach Aches ☐ List others on		
☐ Hernia	☐ Epilepsy	☐ Sleep Walking	Emotional Problems (explain) Page 2 and staple.		

GOLDEN GATE PHILHARMONIC

IMMUNIZATION

(Please check all that the camper has had or been immunized against.)

	Date:		rman Measles	_	
☐ Measles	Date:	□ Mu	•		
☐ Polio Vaccine	Date: PT or Tetanus Vaccine:	□ Tur	perculin Test	Date:_	
Date of last Di	Pri or retainus vaccine				
EXPLANATION(S	5) :				
Non-aspirin pain r Therefore, if you a		cription, ingestible m I need them, you mu	st deliver them	to the S	e at the Camp on a limited basis. taff on the morning of departure. se initial.)
(1) Aspirin	,	Yes	-		,
(2) Non-Aspirin	substitute	Yes			
(3) Cold Remedies (non-prescription)		Yes			
My Child is in goo	d health, and I accept all fin	EMERGENCY MED AUTHORIZATION nancial responsibility	N AND RELEAS	SE	ice at Camp.
secure all proper a guardian. Addition	and required treatment for n	my child. All expense that if my child must	es for treating tl	ne child	an selected by the Orchestra Director to shall be paid for by the parent or Camp for any reason, it will be my
SIGNATURE Parent/Legal Gu	ardian:				Date:
SIGNATURE Parent/Legal Gu	ardian:				Date: