REQUIRED FOR SOUND TO SEA PARTICIPATION

Name _____
Last First Middle
School _____

Student Medical Form

Name _____ Age _____
Address_____ City_____ State____ Zip_____
Date of Birth___-___-___ Sex___ Weight_____ Height___ft___in

Parents or Guardians_____
Home Phone (_____)_____-_____ Work Phone (_____)_____-_____
Home Phone (_____)_____-_____ Work Phone (_____)_____-_____
Cell Phone (_____)_____-_____ Cell Phone (_____)_____-_____
Family Physician/Doctor_____ Phone (_____)_____-_____
In case of emergency, notify the following if a parent cannot be reached:
Name_____ Relationship_____ Phone (_____)_____-_____
Name_____ Relationship_____ Phone (_____)_____-_____

These must be filled in.

Home and Health Questionnaire

1 Please list date of the student's last diphtheria-tetanus or tetanus booster _____. (Must be current).
2 Is this the student's first prolonged stay away from home?_____ First sleep away experience? _____
3 Has the student ever had a problem with homesickness?_____ Please explain:_____
_____
4 Does the student have a bed-wetting problem?_____
5 Please list any current activity restrictions or other concerns (such as recent sprains, fractured bones, recent hospitalizations, learning disabilities, physical disabilities, special diet (vegetarian/religious restrictions) _____
_____
_____
6 Please list any allergies (including food, environmental, medication) and **explain degree of severity and treatment.** (For example: if your child is allergic to peanuts, do they react to eating the nut itself, products containing peanut oils, food processed on machines that also process nuts, or all three?) ____
_____
_____
7 **IF YOUR CHILD HAS AN ANAPHYLACTIC (EPI-PEN) ALLERGY** to anything, please describe in detail what things should be avoided, and what reactions we should watch for. **If it is a food allergy, please let us know if it is an allergy of ingestion, contact and/or inhalation and if there are other types of exposure that would be harmful to your child._____**
_____
_____
8 Please list any chronic or recurring illnesses (ear/throat infections, asthma, diabetes, convulsions, etc.) and explain _____
_____
9 Additional information _____
_____