

OREGON FESTIVAL CHOIRS
Health History continued

FOR GIRLS:

Has your daughter menstruated? _____ If not, has she been told about it? _____

If so, is her menstrual history normal? _____

Special considerations: _____

Chronic or recurring illness _____

Any restrictions on physical activity _____

MEDICATIONS

Any over-the-counter medicines that may NOT be given: _____

List any medications taken regularly:

name of medication	frequency	dosage
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Is your child responsible for administering his own medication? _____

AUTHORIZATION FOR EMERGENCY TREATMENT

This health history is complete and accurate and the child described herein is free of potential health problems (except those noted above) which might restrict his/her participation at any Oregon Festival Choirs activities. In the event I or the authorized physician named above cannot be reached in an emergency, I hereby give permission for the medical professionals selected by Oregon Festival Choirs personnel to treat, hospitalize, secure proper anesthesia, order injection or surgery, and take any necessary steps necessary for treatment and care of my child. This authorization applies whether the charges are covered by Oregon Festival Choirs insurance or by myself. I release Oregon Festival Choirs, their employees and agents from any claim of liability in connection therewith.

Signature of parent/guardian

Date