

# TUCSON ARIZONA BOYS CHORUS MEDICAL REPORT

Dear Parents:

Please fill out the following medical information and return to the Chorus Office. This medical report will be kept on file with Dr. Ackerley. Please be specific. This report is for your child's benefit.

BOY'S NAME \_\_\_\_\_ Date \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ EMERGENCY PHONES \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

INSURANCE CO \_\_\_\_\_ POLICY # \_\_\_\_\_

INSURED IN THE NAME OF \_\_\_\_\_

SOC. SEC. # OF POLICY HOLDER \_\_\_\_\_

HAS YOUR SON HAD ANY MAJOR ILLNESS RECENTLY? \_\_\_\_\_

IF SO, PLEASE EXPLAIN \_\_\_\_\_

ANY ALLERGIES? \_\_\_\_\_ MEDICAL ALLERGIES? \_\_\_\_\_

MOST RECENT TETANUS SHOT \_\_\_\_\_ GLASSES? \_\_\_\_\_ CONTACTS? \_\_\_\_\_

DOES YOUR SON TAKE DAILY MEDICATIONS? \_\_\_\_\_

IF SO, WHAT AND THE REASON? \_\_\_\_\_

**PARENTS:** Label all medications with the correct name and the dose the boy is to receive. Put all medications in a plastic zip-lock bag so they can be kept together. Make sure your son's name is on the bag as well as on the individual medications. Please do not send any liquid medications unless it is absolutely necessary.

If there is any illness or handicap that will make it necessary for your son to participate on a limited basis or that will require special medications in an emergency, it is imperative for us to know about them so that Dr. Ackerley will be alerted. If there is such a handicap or illness, please explain on the back of this sheet.

I hereby certify that to the best of my knowledge the above medical statement is accurate and that my child has permission to participate in the activities of camp.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date