

2007-2008 Chorus Retreat Reservation Form/Health History

Student Name _____ Parent(s) name _____

Address _____

Phone number _____

Parent(s) name _____

In emergency notify: _____

Relationship _____ Phone number _____

The cost of the trip is non-refundable.

If you do not attend camp until Saturday AM the cost is still \$45.

Health History:

Have you had or do you currently have any heart problems? Yes No

Do you frequently suffer from pains in your chest? Yes No

Do you often feel faint or have spells of dizziness? Yes No

Has a doctor ever told you that you have high blood pressure? Yes No

Do you have arthritis, joint, or back problems aggravated by exercise? Yes No

Have you had any operations or serious injuries? Yes No

Do you have any physical disabilities or chronic recurring illness? Yes No

Do you have epilepsy? Yes No

Do you have diabetes? Yes No

Are you allergic to any medication, insects, or pollen? Yes No

Are you currently sick and/or using medication? Yes No

Do you have any prescribed meal plan or dietary restrictions? Yes No

Are there any activities to be limited/discouraged by physician's advice? Yes No

Please describe any "yes" answers above: _____

Do you have health insurance? Yes No

Carrier: _____ Policy # _____

This health history is correct so far as I know, and believe that my health is satisfactory to participate in retreat activities.

I hereby give permission to the medical personnel to order injection and/or anesthesia and/or surgery for my child. Such authorization for emergency treatment shall also include, but it's not limited to, charges incurred for the providing of aid and arranging evacuation if A.H.

Stephens State Park or its agents determine that such evacuation is necessary and desirable. I further agree to assume responsibility for the costs of any specialized means of evacuation and of any medical care and acknowledge any restrictions place on my child's activities.

Student Signature _____ Date _____

Parent Signature _____ Date _____