



Golden Gate

PHILHARMONIC

A San Francisco Youth Orchestra

Orchestra Retreat Medical Information Form & Release Form

If Parent is attending, fill out first 4 lines of this section and the Allergies section, otherwise both pages of this form must be completed.

Student's Name: _____

Gender (circle): Male / Female Birth Date: _____ Weight: _____

Home Address: _____

Parent/Guardian: _____ Day Phone: _____ Evening Phone: _____

Will a Parent be available in an emergency? ___ Or to bring Child home if necessary? ___ If not, identify the responsible person(s):

(1) _____ Relationship to Student: _____ Day Phone: _____ Evening Phone: _____

(2) _____ Relationship to Student: _____ Day Phone: _____ Evening Phone: _____

Student's Physician: _____ Address: _____ Phone: _____

Do you carry family medical/hospital insurance? _____ If so, what carrier? _____

Policy/Group No: _____ (Please attach a photocopy of your medical Insurance Card.)

MEDICAL NEEDS (Explain in detail on Page 2 if necessary.)

Is the student currently receiving any medication or treatment? If so, please Indicate:

Medication: _____ For what? _____ How often? _____

Medication: _____ For what? _____ How often? _____

Other: _____ For what? _____ How often? _____

(Medications must be delivered in their original containers to the Staff before departure with very complete written instructions for administering the medications.)

ALLERGIES (Explain in detail on Page 2 if necessary.)

Any allergies to MEDICATIONS? If so, list: _____

Any allergies to FOODS? If so, list: _____

Is this student allergic to BEE STINGS? _____ OTHER allergies? _____

MEDICAL HISTORY (Check ALL that apply and explain in detail on Page 2 if necessary.)

- Asthma
- Convulsions
- Rheumatic Fever
- Frequent ear infections
- Bleeding Disorder
- Diabetes
- Fainting Spells
- Sleeping Problems
- Stomach Aches
- List others on
- Hernia
- Epilepsy
- Sleep Walking
- Emotional Problems (explain) Page 2 and staple.

