

Student Health Record

Please complete this form and bring it with you when you register your student on the first day of their session.

Name: _____ Age: _____ Date of Birth: _____ Male Female

General Health: Is the student susceptible to or diagnosed with (check all that apply) -

- Asthma / Lung disease Epilepsy / Seizures Diabetes Fainting Spells / Syncope
 Depression / Anxiety Heart / Cardiac Issues ADD / ADHD Coagulopathies / Clotting disorders
 Headaches Anaphylaxis Vertigo Other chronic / recurring illness

Immunizations: (give approximate date)

MMR: _____ Hep B: _____ Varicella: _____ PCV: _____ RV: _____
DTap: _____ Hep A: _____ IPV: _____ Hib: _____ MCV4: _____

Childhood Diseases:(give approximate date)

Chicken Pox: _____ Mumps: _____ Other: _____
Measles: _____ Polio: _____ Other: _____

Are there any special health problems which the nurse and counseling staff should be aware? Please include any known allergies to foods and/or medications, and medications which are taken daily. :

Are there any activities which should be restricted?:

Family Physician Name: _____ Phone: _____

Address: _____

AUTHORIZATION FOR EMERGENCY TREATMENT

I hereby authorize emergency treatment by the Wildwood Music Institute nurse and/or physician for my child:

Name

Signature of Parent or Guardian

Signature of Parent or Guardian

Home Address: _____

Home Phone: _____ Mobile Phone: _____ E-Mail: _____

Any special instructions if you plan to be away from home during this session?:

If it is desired that no medical treatment be given, for any reason, please give written instructions for procedures to be followed in case of emergency.