FISHERS HIGH SCHOOL CHORAL DEPT.
STUDENT HEALTH PERMISSIONS

Prefer to complete this form easily online?
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Student Information

Student Name: _____

Student Date of Birth: _____ Student Phone: _____

Student Grade (circle one): 9th 10th 11th 12th

Student Choir (check all that apply): ☐ Accents ☐ Rogue ☐ Chamber ☐ Sound ☐ Electrum

Parent/Guardian Information

Parent/Guardian Name: _____ Parent/Guardian Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____ Relationship to Student: _____

Student Health Information

Medication Allergies: _____
(List any/all medication allergies for the student. If none, list "NA")

Food Allergies: _____
(List any/all food-related allergies for the student. If none, list "NA")

Does your student carry an EpiPen? ☐ Yes ☐ No

Medical Diagnosis: _____
(List any pertinent medical diagnoses (ie: asthma, diabetes, anxiety, etc)

Food Restrictions / Preferences:

- ☐ NONE
- ☐ Vegetarian
- ☐ Vegan
- ☐ Gluten Free (allergy)
- ☐ Gluten Free (preference)
- ☐ Dairy
- ☐ Other: _____

I give permission for my child to be administered the following over-the-counter medications during travel or competition days (may be administered by FHS Staff/choir parent/volunteer according to medication suggested dosage).

- ☐ Acetaminophen (Tylenol)
- ☐ Ibuprofen (Advil, Motrin)
- ☐ Antihistamine (Benadryl, Claritin)
- ☐ Cough Drops / Throat Lozenges
- ☐ Antacid (Tums, Pepto-Bismol)
- ☐ Dramamine (motion sickness medication)
- ☐ ALL of the above
- ☐ NONE of the above

FISHERS HIGH SCHOOL CHORAL DEPT.
STUDENT HEALTH PERMISSIONS (CONT.)

Does your child take prescribed medication that will need to be administered by an adult during trips?
(If yes, we will contact you for more information) ☐ Yes ☐ No

Other health concerns, physical limitations, or helpful information (optional):

_____

_____

_____

Signature / Acknowledgement

I certify that the information provided is accurate to the best of my knowledge, and that I have read and understand the information above.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____ Date Signed: _____