

NORTH CAROLINA BOYS CHOIR

2010 PERMISSION FORM / MEDICAL RELEASE FORM

_____ *full name of choirboy (first, middle, and last)* _____ *date of birth (mm/dd/yy)* _____ *current age*

_____ *current street address*

_____ *city* _____ *state* _____ *zip code*

_____ *parent / guardian's name(s)* _____ *home phone*

_____ *mother's business phone* _____ *mother's cell phone/pager*

_____ *father's business phone* _____ *father's cell phone/pager*

_____ *other possible emergency contact person(s) (name and contact phone number)*

_____ *family physician's name or practice name* _____ *physician's phone number*

_____ has my/our permission to attend and participate in activities of the North Carolina Boys Choir, Inc., and to be transported, when necessary by bus or by car, and to receive medical attention if needed.

IN CASE OF MEDICAL EMERGENCY: I understand that every effort will be made to contact the parents/guardians of choirboys. In the event that I cannot be reached, I hereby give permission to the physician selected by choir representatives to hospitalize, secure proper treatment for, and order injections, anesthesia or surgery for my child named in the above paragraph.

_____ *signature of parent or guardian*

MEDICAL HISTORY:

_____ *medical insurance information (policy and group number)*

- Are there any birth deformities? YES NO
- Any permanent deformities or disabilities? YES NO
- Any current fractures or other disabling injuries? YES NO
- Has Attention Deficit Hyperactivity Disorder (ADD/ADHD)? YES NO
- Are there known illnesses in past that have lasted for more than a week? YES NO
- Any medical conditions currently under treatment? *(please list on back)* YES NO
- Any mental disorders and/or convulsions? YES NO
- Is there a history of bed wetting? YES NO
- Is there a history of sleep walking? YES NO
- Are there any current dietary or activity restrictions? *(please list on back)* YES NO

ALLERGIES (if any): _____

DRUG SENSITIVITIES (if any): _____

CURRENT MEDICATIONS, STRENGTH AND DOSAGES: _____

IMMUNIZATIONS. Directions: You may fill out the following table, or provide proof of immunizations from the pediatrician:

REQUIRED IMMUNIZATION		DATE (mm/dd/yy)				
Diphtheria, Tetanus, and Pertussis (DTaP)	Four doses required. Fifth dose not required if fourth received by age 4.					
Measles, Mumps and Rubella (MMR)	Two doses required.					
Poliomyelitis/Inactivated Poliovirus (IPV)	Three doses required. Fourth, only if third dose received after age 4.					
Varicella (chicken pox)	One dose required for children born after 04/01/01.					
Hepatitis B	Three doses required for children born after 07/01/94.					
Haemophilus Influenza Type b (Hib)	Four doses required for children born after 10/01/88.					

Note: North Carolina State law requires immunization of all school age children against the above diseases. Please fill out the form and attach a Certificate of Immunization from your son's pediatrician. If you can accurately provide all required information, it is not necessary to make a special trip to your family doctor to have this form completed. Upon completion, please return the form to a staff member, or mail to: North Carolina Boys Choir Post Office Box 52212, Durham, N.C. 27717.