

The Strathgheny School of Scottish Fiddling at Westminster College  
2019

Student Name \_\_\_\_\_  
Last First Middle

Birth Date \_\_\_\_\_ Gender \_\_\_\_\_ SSN# \_\_\_\_\_

Parent, guardian, or emergency contact person:

Name \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Insurance Information:**

Name of Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_ I.D. and Policy No. \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Students' relationship to insured: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**Medical History**

	YES	NO
Has this person ever had a hospitalization, surgery, or serious medical illness	_____	_____

Explain: \_\_\_\_\_  
\_\_\_\_\_

Is this person currently under the care of a physician?	_____	_____
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Explain: \_\_\_\_\_  
\_\_\_\_\_

Has any physician ever recommended that there should be any limitations placed on participation in competitive physical activities?	_____	_____
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Explain: \_\_\_\_\_



Has this person ever blacked out or lost consciousness during physical activity? \_\_\_\_\_

Explain: \_\_\_\_\_

Does this person wear **contacts** or **glasses**? (Circle all that apply.)

List allergies to medications: \_\_\_\_\_

List all current medications and dosage:

The following non-prescription medications may be on stock through the Strathgheny School of Scottish Fiddling and are used on an as needed basis to manage illness and injury. Cross out those your child should NOT be given.

Acetaminophen (Tylenol)

Pseudoephedrine decongestant (Sudafed)

Antihistamine/allergy medicine

Calamine Lotion, hydrocortisone cream

Sore Throat Spray

Bismuth subsalicylate for diarrhea or upset stomach (Kaopectate, Pepto-Bismol, Tums)

Ibuprofen (Advil, Motrin)

Guafenesin cough syrup (Robitussin)

Antibiotic cream

Aloe

Cough Drops

All students and their parents/guardians understand that the Strathgheny School of Scottish Fiddling does not assume responsibility for illness, accidents, or other expenses incurred as the result of any normal course of the students' participation in the program. Expenses resulting from illness or accidents are the responsibility of the student or their parents/guardians. I have carefully read this information and I give my permission for my child to participate in the entire Strathgheny School of Scottish Fiddling program.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### **AUTHORIZATION FOR EMERGENCY MEDICAL/SURGICAL TREATMENT**

The authorization granted herein will be used ONLY when absolutely necessary. It will be used only after every attempt has been made to contact the parent/guardian.

#### **AUTHORIZATION:**

In case of emergency, I hereby authorize the doctor/hospital to which (student's name) \_\_\_\_\_

\_\_\_\_\_ may be brought (and whomever they may designate as their assistants) to perform any emergency procedure, to give treatment and the administration of anesthetics, or to provide counseling services when needed.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to student: \_\_\_\_\_