

# Valley of the Moon Scottish Fiddling School

## MINOR HEALTH HISTORY AND MEDICAL RECORD

► To be completed by parent ◀

Participant Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ Sex M F  
City/St \_\_\_\_\_ Zip \_\_\_\_\_ Birthdate \_\_\_\_\_  
Home phone \_\_\_\_\_ email: \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Business phone \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Business phone \_\_\_\_\_  
Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_  
Health insurance: \_\_\_\_\_ Plan # / ID# \_\_\_\_\_  
Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone \_\_\_\_\_

### HEALTH HISTORY

1. Recent surgery or serious injury (explain) \_\_\_\_\_
2. Recent exposure to any contagious diseases (explain) \_\_\_\_\_
3. Currently taking medication (explain) \_\_\_\_\_  
(Send dosage, instructions & label correctly)
4. Any behavioral conditions (explain) \_\_\_\_\_
5. Are child's immunizations up to date? \_\_\_ yes \_\_\_ no
6. Date of last tetanus shot: \_\_\_\_\_

Please check any of the conditions that apply to your child:

\_\_ ASTHMA \_\_ EPILEPSY \_\_ DIABETES \_\_ BLEEDING \_\_ POISON OAK  
\_\_ INSECT BITES \_\_ CONTACT LENSES \_\_ HEARING AID \_\_ ALLERGIES

Explain \_\_\_\_\_

OTHER \_\_\_\_\_

The above general information and health history is correct to the best of my knowledge.

### AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I, the undersigned, hereby grant permission to the medical personnel selected by the VOM staff, with the approval of my child's guardian \_\_\_\_\_, to order the necessary treatment for my child in the event of an emergency and I cannot be reached. I also grant permission to the physician selected by the VOM staff to secure proper treatment for injection and/or anesthesia, and/or surgery for my child as named above. In addition, I authorize the medical facility that has provided the treatment to the above named child, to surrender custody of said minor to the Guardian or VOM staff upon completion of treatment. This form may be photocopied for off-site use.

PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_