

Lawrence Academy of Music Odyssey Health Form

Participant's Name: _____ Instrument: _____
(Last) (First) (MI)

Home Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

Father's Name: _____

Place of Employment: _____

Work Phone: _____ Home Phone: _____

Address if different than child: _____

Mother's Name: _____

Place of Employment: _____

Work Phone: _____ Home Phone: _____

Address if different than child: _____

Name of Physician or Clinic: _____ Phone: _____

Name of Dentist: _____ Phone: _____

Name of Insurance Company: _____ Policy Number: _____

Policy Holder's Name: _____ Group Number _____

Emergency Contact:

Person to call in case of an emergency and parent/guardian is unable to be contacted:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Health information:

Date of last Tetanus shot: _____

Special medical conditions and other medical information. Please include food allergies, medicines, insect bites/stings, asthma, diabetes, epilepsy, seizures, etc.

Medical Treatment Consent for Minors

____ I hereby authorize the treatment, administration of anesthesia and surgical treatment(s) for my minor child in the event of a medical situation occurring during my absence or when the hospital physician(s) are unable to contact me. This authorization extends to any hospital and both physician and nursing personnel within the hospital as well as any physician where treatment is rendered in the physician's office. I release from medical responsibility and liability, the hospital, medical authorities, and physicians for performing medical procedures acting on the authority of this medical treatment consent form that are deemed necessary for my minor child.

Minor Child's Name: _____

Signature of Parent or Legal Guardian _____ Date _____