

2015 Adult Volunteer Medical History and Emergency Contact Form

Name _____ Age _____

Address _____ Zip _____

In case of emergency, notify _____ Phone _____

Physician _____ Phone _____

Insurance Co _____ Policy # _____

Insurance Co. Address _____

IMMUNIZATIONS: _____ Tetanus _____ Polio Booster _____ Measles
_____ Mumps

Other: _____

PAST MEDICAL HISTORY

Asthma _____ Sinusitis _____ Bronchitis _____ Kidney _____ Heart _____

Diabetes _____ Dizziness _____ Stomach Upset _____ Hay Fever _____

Other _____

ALLERGIES: Food _____ Insect bites/stings _____

Penicillin or other drug (name) _____

Poison Sumac, Oak, or Ivy _____

Other _____

Previous Operations or serious illness _____

Any current medications _____

Child's Name: _____

Instrument _____