

**Sobrato Music Association (S.M.A.)
Health History & Release Form**

Name of Student _____ Date of Birth _____
Address _____ Age _____
City _____ State _____ Zip _____ Phone # _____

Emergency Contact Person:

Parent/Guardian Name _____
Address (if different from Student) _____
Phone Numbers: Work _____ Cell _____
Parent/Guardian Email _____

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your student is participating in SMA activity.

Do you have health insurance? YES NO If yes, name of carrier _____

Policy # _____ Group # _____

Whose name is the policy under? _____

Family Doctor _____ City _____ Phone # _____

Family Dentist _____ City _____ Phone # _____

Preferred/Required Hospital _____

Health History:

Pre-existing or present medical conditions _____

Name and dosage of any medication that must be taken: *(please send ALL medication marked and in prescribed bottles)*

Allergies? If so, please list _____

(check the following which apply)

Hay Fever Heart Condition Diabetes Epilepsy Asthma
 Physical handicap Broken Bones Stomach Insect stings Major illnesses in past year

If any of the above is checked, please give details (i.e. include normal treatment of allergic reactions, dates of broken bones, etc.) _____

Date of last Tetanus shot _____ Booster Shot _____ Does student wear Contact lenses? _____

Any Swimming Restrictions? Y N If yes, please explain _____

Any Activity Restrictions? Y N If yes, explain _____

Medical Liability Release Statement

I understand that participation in student events is not without risk to me/my child because of the group nature of the activity/event and the unpredictable behavior of any group, even when managed with the greatest amount of care.

I understand that all reasonable safety precautions will be taken at all times by SMA and its agents during the events/activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold SMA, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by my student.

In addition, this health history is correct, as far as I know and the person named herein has my permission to engage in all prescribed student activities except as noted by me. I hereby give permission to the physician selected by the SMA to hospitalize, secure medical treatment, and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____