

**WEST HIGH ENTERTAINMENT UNIT PARENT ASSOCIATION
MEDICAL FORM FOR 2009-10 SCHOOL YEAR**

Name _____ Age _____ Glasses _____
Last First _____ Contacts _____

Address _____ City & Zip _____
 Medical Insurance _____ Policy # _____

Whom to contact in case of emergency

- | | |
|------------------------------|-----------------------|
| | Home Phone _____ |
| 1. Parent or guardians _____ | Work Phone _____ |
| Address _____ | City & Zip Code _____ |
| 2. Alternate _____ | Phone _____ |
| Address _____ | City & zip code _____ |

Please list any important medical information, allergies, medicines, and last tetanus shot on back of this list

Medical History: (Please check and give date)

- | | | |
|--|--|--|
| <input type="checkbox"/> Frequent colds..... | <input type="checkbox"/> Kidney*..... | <input type="checkbox"/> Tuberculosis*..... |
| <input type="checkbox"/> Frequent sore throats | <input type="checkbox"/> Heart*..... | <input type="checkbox"/> Motion sickness..... |
| <input type="checkbox"/> Sinus..... | <input type="checkbox"/> Convulsions*..... | <input type="checkbox"/> Serious injury, operation*..... |
| <input type="checkbox"/> Abscessed ears..... | <input type="checkbox"/> Asthma*..... | <input type="checkbox"/> Recent exposure to a contagious disease*..... |
| <input type="checkbox"/> Stomach upsets..... | <input type="checkbox"/> Allergies*..... | <input type="checkbox"/> Last tetanus booster..... |
| <input type="checkbox"/> Constipation..... | <input type="checkbox"/> Diabetes*..... | |
| <input type="checkbox"/> Bronchitis*..... | <input type="checkbox"/> Epilepsy*..... | *Please comment - explain on back |

MEDICAL RELEASE FORM

We, _____ and _____, the parents and/or guardians of _____, a minor, have entrusted such minor into the care of WEST HIGH ENTERTAINMENT UNIT PARENT ASSOCIATION Chaperones for the 2009 – 2010 school year.

In such connection, we authorize such caring adults, at our expense, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to such minor under the general or special supervision, and on the advice, of a physician and surgeon licensed under the provisions of the Medicine Practice Act, or, if in another state or country, under the provisions of law in that state or country governing the practice of medicine; or consent, at our expense, to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to such minor by a dentist licensed under the provision of the Dental Practice Act, or, if in another state or country, under the provisions of lay in that state or country governing the practice of medicine. Whether on any occasion such consent is rendered to any such of circumstances, within the full discretion, and in the course of the same kind of responsible deliberations as we as such minor's parents and/or legal guardians would have to consider it. We further authorize such caring adults to arrange for the hire an ambulance or other emergency vehicle to transport, at our expense, such minor to a suitable place where medical or dental care is provided.

In no way will West High Entertainment Unit chaperones, nurse, or leaders be held liable for any first aid treatment, hospital care rendered, drugs, medicine, or surgical procedures performed pursuant to this consent. Dated this _____ day of _____, 2009 at Torrance, California

_____ Witness	_____ Signature of parent or guardian
_____ Address	_____ Signature of parent or guardian