

Health Information for Marion Rainbow Singers Retreat

All information will be kept confidential!

Name: _____

Allergies: _____

Medications you are currently taking: _____

Braces: _____

Recent Surgeries: _____

Medical Conditions: _____

Other: _____

I give Angie Osborne and/or April Short permission to give the following over the counter medications only if needed:

_____ Advil

_____ Pepto Bismol

_____ Tylenol

_____ Benadryl

_____ Midol

_____ Tums

_____ Cough Drops

Phone number where parent can be reached during Retreat: _____

A parent will be contacted before we take a child to any Emergency Room unless the child's life is in immediate danger, in which case we will go to the ER and THEN contact the parents.

Parent's signature

Date