



Allegro's Medical Update Form

- 1. Please complete top three lines.
- 2. Under # 1-6, only complete information that has changed since Fall Registration.
- 3. Please sign and date the bottom line.

Concerning: _____ **Circle One: Male / Female**
(Full name of minor)

Date of Birth: ____/____/____ Parent/Guardian Names _____

Address: _____ City _____ ST _____ Zip _____

Concerning this minor:

1. Allergies (**enter "NONE" if so**): _____

2. Disabilities/Medical Conditions: (**Enter "NONE" if so**): _____

3. Current Medications (**enter "NONE" if so**): All Prescription Medications must be in original Prescription Bottle.

Medication _____ Dosage _____ Time Taken _____

Medication _____ Dosage _____ Time Taken _____

Medication _____ Dosage _____ Time Taken _____

4. I give permission for my child to receive over-the-counter medication for minor headaches, fever, upset stomach, colds, and/or diarrhea while on Tour (**Please note: over-the-counter medications will not be available except on Tour**):

Circle One: YES or NO Please initial here: _____

5. Insurance Company Name: _____ ID/Policy # _____

6. Phone Contacts with area code:

Home: _____ Cell/pager: _____

Cell/pager: _____ Other: _____

This certifies that I am a custodial parent or legal guardian to the above-named minor and to certify that I have the consent and authorization of any other custodial parents or legal guardians to sign this Medical Update Form. My signature confirms that this form is completed accurately and completely, and I will not hold Allegro staff or parent volunteers responsible for missing or inaccurate information.

In confirmation of the above, I sign this Form this _____ day of _____, _____.

(Printed Name)

(Signature)