



**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: \_\_\_\_\_

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**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)**