

The Strathgheny School of Scottish Fiddling at Westminster College
2025

Student Name _____
Last First Middle

Birth Date _____ Gender _____ SSN# _____

Parent, guardian, or emergency contact person:

Name _____

Address: _____

Telephone: Home: _____ Cell: _____

Insurance Information:

Name of Insurance Company: _____

Address: _____ I.D. and Policy No. _____

Name of Insured: _____ Date of Birth _____

Students' relationship to insured: _____

Physician's Name: _____ Telephone: _____

Address: _____

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Medical History

Has this person ever had a hospitalization, surgery, or serious medical illness YES NO

Explain: _____

Is this person currently under the care of a physician? YES NO

Explain: _____

Has any physician ever recommended that there should be any limitations placed on participation in competitive physical activities? YES NO

Explain: _____



Has this person ever blacked out or lost consciousness during physical activity? _____

Explain: _____

Does this person wear **contacts** or **glasses**? (Circle all that apply.)

List allergies to medications: _____

List all current medications and dosage:

The following non-prescription medications may be on stock through the Strathgheny School of Scottish Fiddling and are used on an as needed basis to manage illness and injury. Cross out those your child should NOT be given.

Acetaminophen (Tylenol)	Ibuprofen (Advil, Motrin)
Pseudoephedrine decongestant (Sudafed)	Guafenesin cough syrup (Robitussin)
Antihistamine/allergy medicine	Antibiotic cream
Calamine Lotion, hydrocortisone cream	Aloe
Sore Throat Spray	Cough Drops
Bismuth subsalicylate for diarrhea or upset stomach (Kaopectate, Pepto-Bismol, Tums)	

All students and their parents/guardians understand that the Strathgheny School of Scottish Fiddling does not assume responsibility for illness, accidents, or other expenses incurred as the result of any normal course of the students' participation in the program. Expenses resulting from illness or accidents are the responsibility of the student or their parents/guardians. I have carefully read this information and I give my permission for my child to participate in the entire Strathgheny School of Scottish Fiddling program.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

AUTHORIZATION FOR EMERGENCY MEDICAL/SURGICAL TREATMENT

The authorization granted herein will be used ONLY when absolutely necessary. It will be used only after every attempt has been made to contact the parent/guardian.

AUTHORIZATION:

In case of emergency, I hereby authorize the doctor/hospital to which (student's name) _____
_____ may be brought (and whomever they may designate as their assistants) to perform any emergency procedure, to give treatment and the administration of anesthetics, or to provide counseling services when needed.

Parent/guardian signature: _____ Date: _____

Relationship to student: _____