

# Emergency Medical Release and Information Form

To be completed at the beginning of each year.

Please complete and mail back to Children's Chorus Office by August 1, 2010

The Frederick Children's Chorus

10716 Etzler Mill Road

Woodsboro, MD 21798

Name of child: \_\_\_\_\_

Chorus in which the child participates (circle)      LMM      Training      Intermediate

Concert      Chamber Singers

Age/DOB: \_\_\_\_\_

Name of Parent(s) or Guardian: \_\_\_\_\_

Emergency Phone number(s) (list in the order you want us to make the calls and indicate if it is your home, your work, your cell or another person.)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Relative who could be contacted if parents are unavailable: \_\_\_\_\_

Relative's Emergency Phone number(s): \_\_\_\_\_

Medical Conditions and/or Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your child has a reaction to allergies mentioned above, what treatment should they receive?

\_\_\_\_\_

Medical Insurance Information if the child requires Hospital Treatment. (Provider, group and member #)

\_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

List any prescription medications administered regularly and attach instructions separately if medication is to accompany the child to a rehearsal or on any trip.

\_\_\_\_\_

\_\_\_\_\_ Check here if the child will self-administer. If child will self-administer, the chaperone assigned will check with the child to be sure medication has been taken as indicated above.

In the event of a medical emergency, I give Judy DuBose or her designate permission to authorize emergency medical treatment for the above named child while traveling with, or while under the supervision of, the Frederick Children's Chorus.

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Parent/Guardian signature

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Date

*Expires July 1, 2011*