

Emergency Medical Release and Information Form

To be completed at the beginning of each year.

Name of child: _____

Chorus in which the child participates(circle) 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 Emergency Treatment.

Primary Care Physician: _____ Phone: _____

List medications which must be administered daily 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 the Frederick Children's Chorus.

parent/guardian signature

date

Expires July 1, 2008