

Authorization for Medical Care
(Required of all students prior to traveling with the choir)

Student's Name

Parent(s)/Guardian(s) Name(s)

Address

City

Zip Code

Age

Birth Date / /

Grade

Home Telephone

Allergies: _____

Necessary Medications: _____

Medical Conditions (asthma, diabetes, etc.): _____

Father's/Guardian's Employer

City

Telephone

Mother's/Guardian's Employer

City

Telephone

Emergency Contact Person

Relationship

Telephone

Emergency Contact Person

Relationship

Telephone

Health Insurance Co./Medical

Policy Number

Family Doctor/Clinic

City

Telephone

If an emergency should arise which requires medical attention or hospitalization and we as parents or guardians cannot be contacted, you are authorized to take whatever steps are needed to protect the health of this student.

Parent(s)/Guardian(s) Signature(s)