

**Medical Information**

Singer's Name \_\_\_\_\_ Choral Group \_\_\_\_\_

In the unlikely event that your child becomes ill or is injured we will contact the parents. If we are unable to reach the parents or emergency contact person, do you give your consent for your child to be taken to the closest hospital, by ambulance if necessary, and emergency care be provided?

Yes\_\_\_\_ No \_\_\_\_

Emergency Alternate Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Physician/Medical Group \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

List allergies (food, medicines, stings) and reactions; specific health problems and how they should be managed:

Diet requirements:

Do you give consent for your child to be given an over-the-counter drug (Tylenol, Ibuprofen, Benadryl, Claritin, cold remedies) Yes\_\_\_\_ No \_\_\_\_

If not, specify what can be taken \_\_\_\_\_

Medication taken on a regular basis (name/dose):

<p>Chorale / Concert Choir only:</p> <p>During tour, required medications are to be administered by: Singer____ Chaperone____</p> <p>During tour, in the event you or your contact cannot be reached, do you give your consent for an agent (staff or chaperone) of ACC to seek medical treatment for your child taking them to the closest hospital, by ambulance if necessary, and emergency care be provided?</p> <p>Yes____ No ____</p>
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If you do not currently have medical insurance and a medical emergency occurs, we will follow your request on this medical form. You will be responsible for payment for any emergency treatment given to your child, and will not hold the Ames Children's Choirs program responsible.

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**Parent/Guardian's Name** (please print)

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**Parent/Guardian's Signature**

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**Date**