

Children's Chorus of Carroll County

MEDICAL FORM

(Complete and return 2 copies to Choir Coordinator)

Please fill out all areas. This form is Mandatory for participation in the Chorus.

A copy of the insurance card is requested.

Member's Name _____ Birth date _____
Home Phone _____ Group (Circle one) MM LPV DB BC
Street Address _____
City _____ State _____ Zip code _____

Primary Emergency Name and Phone Number _____
Cell number _____ Work number _____
Secondary Emergency Name and Phone Number _____
Cell number _____ Work number _____
Alternate Emergency Contact with Phone Number (Please list 2)
Name _____ Phone _____
Name _____ Phone _____
Does your child take medication on a regular basis? () Yes () No
If yes, please list _____
Does your child have any allergies? If so, please describe _____

Family Doctor (or Doctor treating the above conditions) _____
_____ Phone _____

INSURANCE INFORMATION

Please provide the following information so that your child can be treated by emergency response staff or at the hospital, if necessary.

Insured Name _____ Policy number _____
Policy Holder's Name _____ Policy ID # _____
Health Insurance Carrier Name and Address _____
City _____ State _____ Zip _____
Phone Number _____

Emergency Authorization

During any time, myself, son, daughter or ward, while attending a choral activity, is in need of medical or surgical treatment, I confer upon the staff of the Children's Chorus of Carroll County and its adult representatives the authority to seek treatment as needed by appropriate emergency response staff.

Name of Chorus member _____
Signature of Parent or Guardian of above _____
Date _____