

the SALT LAKE CHILDREN'S CHOIR - EMERGENCY MEDICAL INFORMATION

Name: _____ Address: _____

City: _____ Zip: _____ Phone: _____

Birth Date: _____ Last Tetanus Toxoid booster: _____

Allergies to drugs or foods: _____

Any special medication or pertinent information: _____

Telephone where parents may be reached:

Father's name: _____ (home) _____ (work) _____

Mother's name: _____ (home) _____ (work) _____

If we cannot be reached we have asked the following person to be available for contact in case of emergency:

Name: _____ Phone: _____

Address: _____ City: _____

Family Physician

Name: _____ Phone: _____

Address: _____ City: _____

Family Insurance Company: _____ Policy number: _____

RELEASE FORM

We hereby give permission for our son/daughter _____
to receive emergency medical or surgical treatment and to be hospitalized if necessary.

In no event will The Salt Lake Children's Choir, its officers, leaders or agents be held liable for any first aid rendered or treatment, drugs and medicines, or surgical procedures performed pursuant to this consent.

SIGNED

Parent or Guardian

Date