

**CHILDREN'S CHORUS OF WASHINGTON**  
**MEDICAL AND EMERGENCY RELEASE FORM**  
**2012-2013**

**Child's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
Last First MI Mo. Day Year

**2012-2013 Season** – Chorus or Class: \_\_\_\_\_  
(Prep Class, Treble, Bel Canto, Concert, or Young Men's Ensemble)

**Address:** \_\_\_\_\_  
Number and Street City State Zip

**Parent/Guardian:** \_\_\_\_\_  
Name Home Phone Work or Cell Phone

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Name Home Phone Work or Cell Phone

**CONTACT IN EMERGENCY** (If Parent/Guardian cannot be reached)

Name: \_\_\_\_\_

Relation: \_\_\_\_\_  
Home Phone Work or Cell Phone

**INSURANCE INFORMATION**

Medical Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy or Group Number: \_\_\_\_\_ Member ID # \_\_\_\_\_

Child's Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**ALLERGIES AND DIETARY RESTRICTIONS**

Dietary Restrictions (include food allergies, vegetarianism): \_\_\_\_\_

Other allergies (bee stings, pollen, animals, etc.): \_\_\_\_\_

How severe? (is an EpiPen or inhaler required?): \_\_\_\_\_

**\*\* Please initial the following over-the-counter medications you wish administered to your child if the need arises.**

- \_\_\_\_\_ *An authorized agent for CCW has permission to give my child Tylenol*
- \_\_\_\_\_ *An authorized agent for CCW has permission to give my child Advil*
- \_\_\_\_\_ *An authorized agent for CCW has permission to give my child antacid, over-the-counter cough/cold medicine, sore throat lozenge, antihistamine*

As parent and/or guardian of the above-named minor, I do herewith authorize the treatment of this minor child by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger the child's life or cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. I release the Children's Chorus of Washington, their employees and agents from any claim of liability in connection therewith.

\_\_\_\_\_  
**Parent/Guardian Signature** **Date**

**OVER → COMPLETE BOTH SIDES → OVER**

**Please take the space on this page to tell us of any other medical (both physical and mental) conditions your child has that CCW should be aware of. Additionally, you may use the space here to list any medications your child takes and may need during a rehearsal, retreat, or performance. All information written on this page is confidential.**