



Folder # _____

ABC Bel Canto Choir Health Data and Permission Form

Presto _____ Vivace _____ Bravo _____
~ please check appropriate choir(s) above ~

Name of Chorister _____ Age & DOB _____

Address _____ Names of Parents/Guardians _____

Home Phone: _____ Cell Phone 1: _____ Cell Phone 2: _____

Work Phone 1: _____ Work Phone 2: _____

Emergency Contact 1: _____ Relation: _____ Phone: _____

(in the event that we cannot reach a parent/guardian...)

Emergency Contact 2: _____ Relation: _____ Phone: _____

Physician Name: _____ Phone: _____

Health insurance provider _____

Identification number _____ Group number _____ Name of primary insured _____

Allergies: Medications _____
Foods _____
Environmental _____
Other _____

Below are any health conditions that pertain to my child, along with any special instructions chaperones may need in order to adequately handle such conditions: _____

The following OTC medications may be administered by staff according to package directions as needed:

_____ Acetaminophen (Tylenol) _____ Ibuprofen (Advil, Motrin)
_____ Antacid (Tums, Rolaids, etc) _____ Dramamine
_____ Benadryl

My child requires the following prescription medications that may have to be administered during rehearsal or camp. If this is ever necessary, I will provide enough medication (with pharmacy label clear and intact) to ABC staff along with any special instructions for use: _____

In case of an emergency in my absence during any ABC event, I hereby give ABC staff permission to seek any necessary medical services for my child, transport my child to the closest medical facility and authorize medical treatment recommended by physicians.

Signed: _____ Print Name: _____ Date: _____

Additional Comments: _____

