



Folder # \_\_\_\_\_

# ABC Bel Canto Choir Health Data and Permission Form

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 at a retreat. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_