

MEDICAL RELEASE FORM ChorALL, Jan 18, 2020

TO WHOM IT MAY CONCERN:

As a parent/guardian, I authorize the treatment by a qualified and licensed medical professional of the following minor in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Specific medical allergies, chronic illnesses, or other conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication student is on at this time \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Insurance Company \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ (H)Phone \_\_\_\_\_ (W) \_\_\_\_\_

Father/Guardian \_\_\_\_\_ (H)Phone \_\_\_\_\_ (W) \_\_\_\_\_

Other Contact in case of emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

*Please note: Students needing any medication (including aspirin and non-aspirin pain relief tablets) while on ChorALL trip must bring it themselves. ChorALL chaperones are not permitted to dispense medication.*

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.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

