

Troy Children's Chorus
In residence at First United Presbyterian Church

Medical Release Form

(One form per child)

Please Print:

Name of Child: _____

Date(s) of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name(s): _____

Address (if different from child):

City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

Emergency Contact Person (if different from above):

Name: _____

Phone 1: _____ Phone 2: _____

Do you have health insurance? Yes No

Name of Insurance Company: _____

Policy Number: _____

Group Number: _____

In whose name is the insurance? _____

Child's Doctor: _____ Phone: _____

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at any activity.

Health History:

Circle and explain any pre-existing or present medical conditions, i.e.: Diabetes, asthma, motion sickness, physical disability, frequent colds, emotional/behavioral disability, sleep disturbances, stomach aches, seizure disorders, appliances (contact lenses, retainers, etc.)

Troy Children’s Chorus does not administer medications of any kind.

Emergency Treatment Authorization:

The information provided on this Medical Release Form is correct to my knowledge, and the child herein described has permission to engage in all activities except those noted.

I understand that in the event that medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event of an emergency, I authorize TCC to access Emergency Medical Services for treatment and/or transport to a local hospital.

I understand all reasonable safety precautions will be taken at all times by the staff of Troy Children’s Chorus during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Troy Children’s Chorus, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Child’s Name: _____

Parent/Guardian’s Name (Please Print): _____

Parent/Guardian’s Signature: _____

Date: _____

*****Please submit this completed form to the director of Troy Children’s Chorus***
No child can be admitted without a completed Medical Release Form**