

Fairfield County Children's Choir – Medical Form 2011-2012 Season

(This form is to be filled out by a parent, not your medical doctor)

Membership in the FCCC involves rehearsals, performances and occasional touring. In order for your child to take advantage of these opportunities, we ask that you please complete this form with full updated medical information for our files. These forms will be kept by the Assistant Choir Manager and will be brought to all FCCC rehearsals and events. Since this form contains important emergency contact information, any child failing to return this form will not be allowed in the rehearsal room. All information will be kept confidential.

THIS FORM CANNOT BE ACCEPTED IF ANY INFORMATION IS MISSING

Chorister's Name _____ DOB _____ Choir _____

Mother/Guardian Name _____ Home Phone _____ Cell Phone _____

Place of Business _____ Work Phone _____

Father/Guardian Name _____ Home Phone _____ Cell Phone _____

Place of Business _____ Work Phone _____

Emergency Contact _____ Phone _____ Cell Phone _____

Physician's Name _____ Phone _____

Insurance Information

Name of Insured _____ Relation to Chorister _____

Medical Insurance Co. _____ Group Policy # _____

Participant ID# _____

Please **PAPERCLIP** a copy of the insurance card to **THIS** form. This is essential for hospital emergencies.

Medical Conditions

My child has the following medical conditions/allergies/etc. _____

My child is taking the following medications: _____

The instructions for the administration of my child's medication are: _____

If supervised, my child may take over-the-counter medications (Tylenol, etc.) for minor ailments: ___ Yes ___ No

Release

I hereby grant permission in the case of illness or injury to have appropriate medical assistance and/or treatment provided for my child as required. I hereby indemnify and release the FCCC, its directors, staff, and parent volunteers from any liability, including personal injury, property damage, costs or expenses (including attorneys' fees) resulting from any action taken on behalf of my child, or otherwise arising out of my child's participation in FCCC activities.

Parent/Guardian's Signature _____ Date _____