Masterworks

CHILDREN'S CHORUSES

2017-2018 EMERGENCY INFORMATION AND RELEASE FORM

Name: _____ Date of Birth: ___ / ___ / ___
     Last   First   MI

Address: _____
     Street   City   State   Zip

Phone #: (_____)_____Emerg. Contact: _____
                                   Name   Phone #

Health Insurance: _____ (_____)_____
                  Provider Name   Telephone #

                _____ _____ _____
                Name of Covered Member   Group #   ID #

Physician Name: _____ Ph. #: (_____)_____

Medications: _____

Allergies or any adverse reactions to medication or food: _____

_____

Recent surgery/serious illness: _____

Special Conditions: _____

Immunizations up-to-date: ____ Yes ____No   Date of last Tetanus:_____

I/we hereby give my/our consent, as the parent(s)/guardian(s) of the student named above, for his/her involvement in the Masterworks Children's Choruses (MCC). I/we understand that his includes, but is not limited to, rehearsals, concerts, and musical performances.

With the understanding that all possible caution will be taken by those persons in charge to prevent injuries, I/we release the MCC staff and volunteers and Masterworks Chorale, Inc. from any and all liability arising from participation.

In the event that I/we cannot be reached, I/we hereby authorize an adult representative of the MCC to seek and consent to emergency medical treatment for the above named participant, which may be deemed necessary, including permission to transport the participant to a hospital emergency room. I/we wish to be advised prior to any further treatment by the hospital or medical professional. It is further understood that I/we assume all responsibility for payment of any medical expenses incurred by the participant due to any illness or injury incurred during the above-described activity. I/we further understand and agree that I/we assume full responsibility for any loss or damage to property or for bodily injury to others, caused by the above named participant, whether by accident or intent. I/we also understand that if the behavior of this participant becomes inappropriate, I/we will be responsible for immediate transportation from the activity. I/we have read the above form and fully understand and consent to these terms.

_____ _____ _____
Parent/Guardian Name(s) (printed)   Parent/Guardian Signature(s)   Date