

Lumina Youth Choirs
EMERGENCY / MEDICAL INFORMATION FORM

Singer's Name: _____ **Choir:** _____

Singer's Birthdate _____ Singer's Cell Phone: _____

Name of Parent/Guardian _____

Address: _____ Parent/Guardian Cell: _____

Emergency Contact (other than Parent/Guardian above):

Name: _____ Relation to Student: _____

Cell Phone: _____ Home Phone: _____

ALLERGIES & Reactions to Allergies:

Medications Taken: _____

Special Dietary Needs: _____

Medical Conditions/Special Considerations: _____

Family Physician: _____ Physician's Phone: _____

If emergency medical treatment is necessary, the hospital may require the following information:

Insurance Provider: _____ Policy Number _____

Policy Holder's Name _____

EMERGENCY TREATMENT AUTHORIZATION: In case of medical emergency involving participant listed, I request the doctor/dentist/hospital staff to contact me (or my spouse) at the number provided. In the event that a parent/guardian cannot be reached, I grant written permission to any member of the Lumina Youth Choirs staff or its representative to authorize the appropriate medical/dental/hospital personnel to render emergency care. I (we) agree to pay for the normal and customary charges of the doctor/dentist/hospital for any treatment and/or medications received by said participant. I (we) also acknowledge that Lumina Youth Choirs will not be held legally responsible for any accident that may occur.

Non-Prescription Medicines:

My child has permission to take non-prescription medicines while participating in Lumina activities if needed, such as pain relievers, cough/cold medicine, and medicine for upset stomach.

Yes, I give permission.

No, I do not give permission.

****THE FOLLOWING MUST BE SIGNED IN THE PRESENCE OF A NOTARY:**

Parent/Guardian's SIGNATURE: _____
(PARTICIPANT'S SIGNATURE IF PARTICIPANT IS OVER 18)

Parent/Guardian's PRINTED NAME: _____

Subscribed and sworn to me on this _____ day of _____ year _____.
State of **FLORIDA**, county of **HILLSBOROUGH**.

Notary Signature _____ Seal: _____