

Michigan City Summer Children's Chorus - Sponsored by the MCCMF Child/Youth Registration and Medical Release

YOU MUST USE ONE FORM FOR EACH CHILD/YOUTH

Name: _____ Date of birth / /

School: _____ Grade or age: _____ (Fall of 20)

Parent(s)/Guardian(s) Name(s):

Address: _____, _____, IN,

Home Phone: _____ (F) Work Phone: _____ (M) Work Phone: _____

Cell Phone or Pager (whom): _____ E-mail: _____

Non-custodial Parent (if applicable):

Address: _____, IN

Home Phone: _____ Work Phone: _____ E-mail: _____

Names, ages and grades of brothers and sisters:

Is there anything special about your child that you would like us to know, (e.g., custodial arrangements, persons to whom your child should **not** be released?)

OVER

REGISTRATION/MEDICAL INFORMATION/RELEASE (page 2 of 2)

Allergies (foods, medications, insect bites, etc.)

Prescriptions/reason: (e.g. Claritan/allergies; Ritalin/ADD). All prescription meds will be administered by an adult counselor.*

Over-the-counter medicines (e.g., Tylenol, Pepto-Bismol) may be administered to my child for minor ailments. _____ YES _____ NO

Other health issues concerning my Child are:

Child's Primary Physician: _____ Telephone No: _____

Health Insurance Carrier: _____ Policy No.: _____

Child's Dentist: _____ Telephone No: _____

Dental Insurance Carrier: _____ Policy No.: _____

Other Important Health Care Professionals (e.g., eye doctor, orthodontist, psychotherapist, allergist, etc):

Emergency Contact/Relationship/Phone Numbers (please list at least one person not in your household: e.g. Joan Smith/neighbor/123-4567)

IN CASE OF EMERGENCY, I HEREBY AUTHORIZE THE ADULT LEADER IN CHARGE TO SELECT AND SECURE APPROPRIATE MEDICAL PERSONNEL FOR MY CHILD/YOUTH (C/Y). FURTHER, I AUTHORIZE THOSE MEDICAL PERSONNEL TO PERFORM AND PROVIDE ALL REASONABLY NECESSARY MEDICAL CARE INCLUDING, BUT NOT LIMITED TO, DIAGNOSTICS (E.G., RADIOLOGY); HOSPITALIZATION, ANESTHESIA, SURGERY AND PRESCRIPTION DRUGS, ADVISABLE FOR THE HEALTH OF MY CHILD/YOUTH.

(Parent or Legal Guardian's Signature)

(Date)

*It is understood that certain health issues such as asthma or diabetes necessitate that a child/youth be able to participate in his/her own disease management. If so, please attach an explanatory rider to this document.