

# **RISING STARS SHOWCHOIR**

## **Emergency Contact and Medical Information**

|                                 |                                 |                                 |                                 |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| _____<br>Child's Name           | _____ M<br>Date of Birth        | _____ F<br>Sex                  |                                 |
| _____<br>Parent/Guardian Name   | _____<br>Parent/Guardian Name   |                                 |                                 |
| _____<br>Area Code + Home Phone | _____<br>Area Code + Work Phone | _____<br>Area Code + Home Phone | _____<br>Area Code + Work Phone |
| _____<br>Address                | _____<br>Address                |                                 |                                 |
| _____<br>City, State, Zip       | _____<br>City, State, Zip       |                                 |                                 |

## **Emergency Contacts – Other than Parent/Guardian**

|                                    |                                      |                                 |                                 |
|------------------------------------|--------------------------------------|---------------------------------|---------------------------------|
| _____<br>Primary Emergency Contact | _____<br>Secondary Emergency Contact |                                 |                                 |
| _____<br>Area Code + Home Phone    | _____<br>Area Code + Work Phone      | _____<br>Area Code + Home Phone | _____<br>Area Code + Work Phone |
| _____<br>Address                   | _____<br>Address                     |                                 |                                 |
| _____<br>City, State, Zip          | _____<br>City, State, Zip            |                                 |                                 |

## **Medical Information**

|  |                                 |
|--|---------------------------------|
| _____<br>Hospital/Clinic Preference              |                                 |
| _____<br>Physician's Name                        | _____<br>Area Code + Work Phone |
| _____<br>Insurance Company                       | _____<br>Policy Number          |
| _____<br>Allergies/Special Health Considerations |                                 |

I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child, and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

|                                    |               |
|------------------------------------|---------------|
| _____<br>Parent/Guardian Signature | _____<br>Date |
|------------------------------------|---------------|