



New Jersey State Children's Chorus, LLC
PO Box 525, Paramus, NJ 07653

MEDICAL RELEASE

It is the policy of the New Jersey State Children's Chorus to call 911 immediately for professional medical help in the case of apparently serious illness or injury of any child. In the unlikely event that my child becomes ill or is injured, and I, or the authorized physician named below, cannot be immediately contacted at the time of an emergency, and if in the judgment of the staff of the New Jersey State Children's Chorus immediate observation or treatment is necessary, I authorize and direct the staff to send my child (properly accompanied) to the hospital. I also authorize Emergency Medical personnel and hospital personnel to transport and treat my child. I release the New Jersey State Children's Chorus, their employees, and agents from any claim of liability in connection therewith.

Date Signed _____ Parent/Guardian _____

Medical Information:

Child's Name _____ Age _____
(First) (Middle) (Last)

Physician _____ Telephone Number _____

Medical Insurance Carrier _____ Policy Holder _____

Group # _____ Policy # _____

Does your child have any severe allergies? Yes ___ No ___ To what? _____

If yes, does the child carry an epi-pen? _____

Please list any disabilities, health problems, special needs, and learning disabilities: _____

Please list any medications being taken: _____

Emergency Notification Contacts if Parents Cannot Be Reached. (Please list two.)

Name _____

Name _____

Relationship _____

Relationship _____

Address _____

Address _____

Phone Home _____

Phone Home _____

Cell _____

Cell _____