

Medical Information (Please return this form by **July 30** along with your ACC tuition payment to:
Ames Children's Choirs, P.O. Box 1965, Ames IA 50010)

In the unlikely event that a child becomes ill or is injured we will contact the parent/guardian. If we are unable to reach the parent/guardian or emergency contact person, do you give your consent for your child to be taken to the closest hospital, by ambulance if necessary and emergency care be provided? Yes____ No ____

Emergency Alternate Contact _____

Relationship _____ Home Phone _____ Cell Phone _____

Name of Physician/Medical Group _____ Phone _____

Insurance Company _____

Policy Number _____

Preferred Hospital _____

List allergies (food, medicines, stings) and reactions:

Specific health problems and how they should be managed:

Diet requirements:

Medication taken on a regular basis (name/dose):

Tour: (Chorale / Concert Choir only)

Do you give consent for your child to be given an over-the-counter drug (Tylenol, Ibuprofen, Benadryl, Claritin, cold remedies) Yes____ No ____

If not, specify what can be taken _____

During tour, required medications are to be administered by: Singer____ Chaperone____

During tour, in the event you or your contact cannot be reached, do you give your consent for an agent (staff or chaperone) of ACC to seek medical treatment for your child taking them to the closest hospital, by ambulance if necessary and emergency care be provided? Yes____ No ____

If you do not currently have medical insurance and a medical emergency occurs, we will follow your request on this medical form. You will be responsible for payment for any emergency treatment given to your child, and will not hold the Ames Children's Choirs program responsible.

Parent/Guardian's Name (please print) **Parent/Guardian's Signature** **Date**