

Chorus Abilene

Parental Permission and Consent for Medical Treatment

I hereby grant permission for my child, _____, to travel with Chorus Abilene, Texas, and agree to indemnify and hold Chorus Abilene, a Non-Profit Corporation, its officers, and representatives, harmless from any claims or liability arising out of my child being in their charge.

Consent for Medical Treatment

I hereby grant permission for a Chorus Abilene staff member or chaperone to give consent for medical treatment for my child, _____.

I further grant permission to have such diagnostic and/or treatment procedures performed on my child as are deemed necessary by duly authorized attending physicians of hospital, private doctor and/or health department.

I further grant authority to release such medical information regarding _____ as may be requested other physicians, or other health agencies to which I have applied, or may in the future apply for service or assistance.

Parent's Signature

Child's Full Name _____

Address _____

Home Telephone # _____

Date of Birth _____

Mother's Name _____

Employment and Work # _____

Father's Name _____

Employment and Work # _____

Emergency contact other than parent:

Name _____ Relationship _____

Address _____ Phone _____

Child's Physician _____

Address and Phone# _____

Are immunizations up to date? _____

Is the child on daily medications? _____

More questions on back

Primary insurance _____

Insurance number and telephone# _____

Secondary insurance _____

Insurance number and telephone# _____

Health History: Circle and give approximate date where applicable

Frequent ear infections _____

Chicken pox _____

Heart defect/disease _____

Measles _____

Convulsions _____

German Measles _____

Diabetes _____

Mumps _____

Bleeding/clotting disorders _____

Asthma _____

Hypertension _____

Allergies

Hay fever _____

Food allergies _____

Poison ivy _____

Pets/animals _____

Insect stings _____

Smoke _____

Penicillin _____

Other allergies _____

Other drugs _____

Current medications (send with instructions) _____

Is there any special eating need? _____

Other information? _____

***** Do Not Sign until in the presence of a Notary Public. *****

ACKNOWLEDGEMENT

STATE OF TEXAS
COUNTY OF TAYLOR

The foregoing instrument was acknowledged before me on the _____ day of _____, 200__.

Parent Signature

Notary Public, State of Texas