

**ALASKA CHILDREN'S CHOIR
GENERAL MEDICAL CONSENT 2008/2009**

Singer's Name _____ Birth date _____

Family Physician _____

Medical Problems _____

Medications: _____ Allergies _____

I/We, the undersigned parents or guardians of _____, a minor, do hereby authorize the staff of the Alaska Children's Choir, in whose care the minor has been entrusted while participating in activities of the Choir in and about the State of Alaska or while on tour to other regions outside the State of Alaska, to consent to any and all medical treatment or procedures necessary in case of injury or illness while with the Choir. Such treatment may include, but is not limited to, anesthesia, x-ray, and medical or dental procedures as shall be in the best judgment of the attending physician or dentist.

Parents' or Legal Guardians' names:

Mother: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Father: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Medical Insurance Company Name: _____

Insured _____ Group # _____ Policy # _____

Emergency Contact : _____ Phone: _____

Emergency Contact: _____ Phone: _____

Please have both parents sign, if possible:

Father (or legal guardian) _____ Date: _____

Mother (or legal Guardian) _____ Date: _____