

EMERGENCY DATA SHEET

Minor's Name

Date of Birth

Last _____ First _____ MI _____

Mo. ____ Day ____ Yr. ____

Parent's Name _____

Home Address _____

Home Phone _____

Work Phone _____

Insurance Carrier Name _____ Address _____

Policy Number _____

Notify in an Emergency _____ Phone _____

Family Physician _____ Phone _____

Allergies/Medical Concerns _____

Medication being Used (include dosage/frequency) _____

Present State of Health _____

Authorization for Treatment of Minor

I, the undersigned parent/guardian of _____, a minor, do hereby consent to the nurse or physician selected by Central Dakota Children's Choir to perform routine tests and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission for the physician to hospitalize, secure proper treatments for, and to order injection, anesthesia, or surgery for my child as named above.

In the event of any emergencies during the CDCC trip to **Grafton/Fargo** this coming April 25 & 26, 2010, the undersigned hereby grants authority to be exercised at the discretion of adult supervisors to dispense over-the-counter medication.

Date

Signature of Parent/Guardian

Please return this form to Mr. Seil or the choir office as soon as possible. **Your child will not attend without this form completed and returned by April 12, 2010.**