

# PGC MEDICAL INFORMATION AND RELEASE FORM

## CHORISTER INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Singer's Cell Phone # \_\_\_\_\_

## PARENT INFORMATION

**Mother/Guardian Name** \_\_\_\_\_  
Address (if different than singer) \_\_\_\_\_  
Preferred Phone Contact #1 \_\_\_\_\_ #2 \_\_\_\_\_

**Father/Guardian Name** \_\_\_\_\_  
Address (if different than singer) \_\_\_\_\_  
Preferred Phone Contact #1 \_\_\_\_\_ #2 \_\_\_\_\_

## MEDICAL INFORMATION

Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
Orthodontist \_\_\_\_\_ Phone \_\_\_\_\_  
Date of last tetanus shot \_\_\_\_\_  
Age \_\_\_\_\_ Weight \_\_\_\_\_ lbs. Height \_\_\_\_\_ ft. \_\_\_\_\_ in.

## INSURANCE INFORMATION

Insurance Co. \_\_\_\_\_ Phone # \_\_\_\_\_  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_

## MEDICAL CONDITIONS / ALLERGIES

Please list information about your child's health, including allergies, medications, and conditions that medical personnel or administrators need to know in case of an emergency. Include physical conditions that may affect her participation in PGC activities in any way. Feel free to attach any other relevant information to this form.

**Health Conditions/Restrictions:**

\_\_\_\_\_

**List any Medication being taken and Dosage Instructions:**

\_\_\_\_\_

**Allergies:**

Medication \_\_\_\_\_

Food \_\_\_\_\_

**Over the Counter Medication Your Daughter May Take For:**

Headaches \_\_\_\_\_ Fever \_\_\_\_\_ Cramps \_\_\_\_\_

Motion Sickness \_\_\_\_\_ Allergies \_\_\_\_\_ Other OTC \_\_\_\_\_

**Special Diet:**

Vegetarian (check one) \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ Other Special Diet \_\_\_\_\_

**PERMISSION AND RELEASES**

To Parents/Guardians: Please read the permission and releases below, initial where indicated, and sign your full name, you child's name and date at the bottom of page.

**1. MEDICAL:** This health history is correct to the best of my knowledge, and the person herein described has permission to engage in all Choir activities except as specifically noted.

The chaperoning adults and staff of The Princeton Girlchoir have my/our permission to administer treatment for minor illness and pains, initiate first aid and seek additional medical help for my/our daughter. I release the Princeton Girlchoir, its employees, and agents from any claim of liability in connection therewith.

Parent/Guardian Initials \_\_\_\_\_

**2. Publicity and Performance:** I hereby grant permission to the Princeton Girlchoir and to its respective agents (collectively "PGC") to use the likeness of my daughter (in the form of still or video photography) and voice (in performance recordings and related choir activities) to be reproduced for publicity and documentary purposes including on, but not limited to, the Princeton Girlchoir website.

Parent/Guardian Initials \_\_\_\_\_

**3. Transportation** – I release and agree to hold the Princeton Girlchoir harmless for any claims relating to motor vehicle accidents going to and from rehearsals or PGC events, either by car, bus or any other means of transportation. I recognize The Princeton Girlchoir has no control over carpooling arrangements or student drives, and I specifically release the Princeton Girlchoir from any claims that may arise in connection with such arrangements and/or drivers.

Parent/Guardian Initials \_\_\_\_\_

Signed: \_\_\_\_\_, as Parent and/or Guardian of

\_\_\_\_\_

Chorister Name

Date