

INTERNATIONAL PEACE CHOIR MEDICAL EMERGENCY FORM

PLEASE PRINT, COMPLETE, AND RETURN THIS MANDATORY FORM. EVERY ITEM MUST BE COMPLETED OR INDICATED AS NOT APPLICABLE (N/A).

Ambassador's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Street Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

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Parent/Guardian 1: \_\_\_\_\_ Parent/Guardian 2: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E Mail: \_\_\_\_\_ E Mail: \_\_\_\_\_  
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Emergency Contacts

Name:	Phone:	Relationship:
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\_\_\_\_\_

\_\_\_\_\_

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Individuals Who Are Authorized to Pick Up My Child:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any allergies (including food allergies)? No \_\_\_ Yes \_\_\_ If yes, please list:

\_\_\_\_\_

Is your child allergic to bee stings? No \_\_\_ Yes \_\_\_

*If yes, appropriate medication must be sent with a doctor's note during any rehearsals during which the parent(s) will not be present, and during all performances.*

Is your child allergic to any medications? No \_\_\_ Yes \_\_\_ If yes, please list:

\_\_\_\_\_

Does your child take any medications regularly? No \_\_\_ Yes \_\_\_ If yes, please list:

\_\_\_\_\_

Does your child have any chronic health problems? No \_\_\_ Yes \_\_\_ If yes, please describe:

\_\_\_\_\_

Has your child ever fainted? No \_\_\_ Yes \_\_\_ If yes, please describe the circumstances:

\_\_\_\_\_

I hereby authorize International Peace Choir personnel to render simple first aid to my child, as needed, and give permission to the organization to administer the following medications (write Y for yes and N for no)

\_\_\_ Antiseptics \_\_\_ Acetaminophen (Tylenol) \_\_\_ Epi Pen \_\_\_ First Aid Cream

Other medications that can be given: \_\_\_\_\_

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\*\* NOTE: It the parent's responsibility to let the International Peace Choir know of any changes in the above emergency information. Current phone numbers are imperative. The International Peace Choir does not accept responsibility for outdated information.

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**TO: ANY AND ALL DOCTORS, RADIOLOGISTS, PHARMACISTS, NURSES, HOSPITALS, MEDICAL FACILITIES, HEALTH MAINTENANCE ORGANIZATIONS (HMOs), DENTISTS, AND/OR THEIR AGENTS, EMPLOYEES, AND REPRESENTATIVES:**

(I)(We), the undersigned, parent(s) or legal guardian(s) of \_\_\_\_\_  
(**child's name**), a minor, do hereby authorize the International Peace Choir, through its adult agents, volunteers, and representatives, to obtain for said minor in the event of illness or injury, any medical and/or dental care that may be necessary and reasonable as circumstances may require while said minor is under care of the International Peace Choir.

This authorization is given pursuant to Family Code Section 6910 to permit the International Peace Choir to obtain immediate medical care for the above-name minor as she/he may require. The undersigned gives the choir the authority to consent to any such medical/dental care including but not limited to: any first aid, paramedic care, x-rays or x-ray examinations, examinations, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of, any physician, dentist, or surgeon licensed under the provisions of the Medical Practice Act (or a dentist licensed under the Dental Practice Act) and on the medical staff of any accredited hospital. Such diagnosis or treatment may be rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the physician, in the exercise of his/her best judgment, may deem advisable.

I hereby authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of Family Code section 6910 to surrender physical custody of such minor to the International Peace Choir representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283. Further, this authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. Although I understand that the International Peace Choir does not have medically certified personnel on staff, in the event of a medical emergency, I hereby authorize the choir personnel trained in CPR and first aid to render any medical treatment deemed reasonable, appropriate, and necessary under the circumstances, including but not limited to the administration of treatment by way of epi-pen and CPR.

This authorization shall remain effective from **January 2019-January 2020** unless sooner revoked in writing and delivered to the International Peace Choir.

Should it be necessary for my/our child to receive medical treatment while under the care or supervision of the International Peace Choir, I/We hereby authorize the International Peace Choir personnel to use their judgment in obtaining medical service for my/our child and to take any necessary action in the event of an emergency. I/We further give my/our permission to my/our child's personal physician, or, if he/she cannot be reached, to any physician selected by the choir personnel to render medical treatment deemed necessary and appropriate. I/We accept and agree that the International Peace Choir and its personnel (including, but not limited to, the Director or Assistant Director, Dance Instructor, Board

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President, Board of Directors, and Sound Technicians) will not be legally liable for any accidents or injuries to my/our child, including those requiring medical treatment as contemplated herein, or from any damages or injury stemming from such treatment. Also, if medication is to be given to my/our child, the International Peace Choir and its personnel will not be legally or financially liable for administering such medication or from any adverse effects from administering the medication.

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**I/we agree to all of the terms and conditions herein and give full authorization as stated above to the International Peace Choir.**

Parent/Legal Guardian 1 Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian 2 Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE INCLUDE BELOW ANY ADDITIONAL EMERGENCY INFORMATION RELATED TO YOUR CHILD THAT MIGHT BE BENEFICIAL TO ASSIST THE CHOIR IN THE EVENT OF AN EMERGENCY! (field will expand to accommodate what is entered)**

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