

MT. ZION SCHOOLS

SHOW CHOIR MEDICAL RELEASE FORM

PLEASE FILL OUT THE FOLLOWING INFORMATION IN CASE OF A MEDICAL EMERGENCY WHILE ON A TRIP:

Student Name: _____

Address: _____

Birthdate: _____ Phone(____) _____

Health Insurance Company and Policy Number: _____

Health Insurance Holder: (Name) _____

Physician Name: _____ Phone: _____

Medical Conditions/Allergies: YES NO If Yes, please explain: _____

Please list any/all medication taken regularly: _____

Date of last tetanus shot: _____

Emergency Contacts:

Name: _____
Address: _____

Phone: _____

Name: _____
Address: _____

Phone: _____

In case of emergency, I authorize Mt. Zion school chaperones/director to secure medical treatment for my son/daughter.

Parent/Guardian Date

NOTARY _____