

# 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 \_\_\_\_\_