

Medical Information Form
2020 Williamsburg Performance Tour June 19-23

Date: _____ Choir Member: _____

Mother Cell : _____ Father Cell : _____

If neither parent can be reached in case of emergency, please contact:

Name: _____ Phone: _____

Relationship: _____

Please list any special health problems or considerations, including routine medications and dosage instructions, allergies, history of fainting, etc.

MEDICATION	DOSAGE AMOUNT	DOSAGE TIME

BRING ANY MEDICATIONS NEEDED IN ORIGINAL PERSCRIPTION BOTTLE, in a Plastic baggie marked with your child's name. Please include any epi pins or allergy medications.

Physician/Pediatrician: _____ Phone: _____

Release and Indemnity Agreement

The Young Voices of the Carolinas, LLC recognizes that some risk may be involved in this program and its activities, including travel incidents. Thereto, the undersigned hereby releases the Young Voices of the Carolinas, LLC, its staff, directors, and agents from all risks involved with participation in this program. The Young Voices of the Carolinas, LLC is released of all claims arising from participation in said activity or program, except and solely to the extent that the child of the undersigned may be covered by liability insurance of the organization (YVC).

I hereby give my consent to the Young Voices of the Carolinas, LLC or the designated agent to act **in loco parentis** when, upon the advice of a physician, medical care is required for my child, and no liability shall be imposed upon the Young Voices of the Carolinas, LLC, its agents or representatives therein.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

My medical and/or accident insurance coverage is as follows:

Policy Holder _____

Insurance Carrier: _____ Policy number: _____

Business Name: _____ Group#: _____

No insurance coverage: _____

<p>Check One <input type="checkbox"/> Enclosed is \$100 per person initial payment</p> <p><input type="checkbox"/> Please deduct the \$100 per person from my child's travel account balance</p>
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