

# The Louisville Youth Choir, Inc.

## Consent for Emergency Medical Treatment (EMT) 20 -20

For events sponsored by  
The Louisville Youth Choir, Inc.  
3105 Lexington Road, Louisville, Kentucky 40206

Singer's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Current Medications \_\_\_\_\_

Current Known Allergies \_\_\_\_\_

Current Special Medical Problems \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address of Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Optional Phone \_\_\_\_\_

Family Physician \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

If you cannot be located, who should be notified in the event of an illness or accident?

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to singer \_\_\_\_\_

If emergency medical treatment is necessary, the hospital may require the following information:

Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

**EMERGENCY TREATMENT AUTHORIZATION:** In case of medical emergency involving the member listed, I request the doctor/dentist/hospital staff to contact me (or my spouse) at the numbers provided. In the event that a parent/guardian cannot be reached, I grant written permission to any member of the Louisville Youth Choir, Inc. staff or its representative to authorize the appropriate medical/dental/hospital personnel to render emergency medical/dental care. I (we) agree to pay for the normal and customary charges of the doctor/dentist/hospital for any treatments and/or medications received by the said member. I (we) also acknowledge that the Louisville Youth Choir, Inc. will not be held legally responsible for any accident that may occur.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_