

MEDICAL INFORMATION & PHOTO RELEASE

The undersigned hereby authorize the staff of the Tuscarawas Philharmonic Children’s Chorus to secure emergency medical treatment for the Participant below. The space below contains any allergies, required medications, special medical conditions, medical insurance information, and any other pertinent medical information regarding the Participant.

Participant: _____

Allergies: _____

Medications: _____

Special Conditions: _____

Name of Insurance Carrier: _____

Policy Number: _____

In the event of an emergency, please contact the following person:

Name/Relationship: _____

Phone Number: _____ Cell: _____

- I give the Tuscarawas Philharmonic permission to use my or my child’s photograph publicly to promote the organization. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

- I **do not** give the Tuscarawas Philharmonic permission to use my or my child’s photograph publicly to promote the organization.

The undersigned certify that the foregoing medical information is correct, and that this consent and information is being voluntarily provided to the staff of the Tuscarawas Philharmonic Children’s Chorus

Parent/Guardian Signature