

**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