

Medical Form

All ringers under the age of 21 are required to have this form filled out completely, signed by their parent or guardian and notarized before arrival at festival. It is the responsibility of each director to have these forms with them and available in case of emergency.

RINGER'S NAME _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____ - _____ EMERGENCY (_____) _____ - _____

FATHER'S NAME _____ WORK PHONE _____

MOTHER'S NAME _____ WORK PHONE _____

LIST ANY MEDICATIONS YOU ARE PRESENTLY TAKING _____

LIST ANY ALLERGIES _____

HAVE YOU HAD SERIOUS ILLNESS IN THE PAST YEAR? _____ IF YES, EXPLAIN.

LIST ANY PHYSICAL CONDITIONS AN ATTENDING PHYSICIAN SHOULD BE AWARE OF:

I give permission for _____ to be treated in the case of emergency during rehearsals, concerts, travel to and from as well as during trips taken with the Klipnocky Klangers Handbell Choir of First United Methodist Church. I agree to be responsible for any charges incurred that are not covered by insurance.

Parent's Signature

Notary Public

INSURANCE CO. _____

Witness

POLICY NUMBER _____

NAME OF INSURED _____

Number & Commission Expiration