



GOSPELCHOIRS OF MT. VERNON, INC.

2008 - 2009

SECTION 501 (C)(3) CHARITABLE ORGANIZATION 31-1724100

Health Insurance Form

(Please print in ink. Attach additional sheets if needed. Mt. Vernon GospelKnights members cannot attend trips without parents and/ or guardians completing and signing this form.) Please initial the pre-populated information if correct or change where necessary e.g. name, dob, address, etc. *This is different from the school district's medical form!*

Your School Name: _____

Student Information

Student Name: _____ Birthdate: _____

Mailing Address: _____ Gender: _____

Medication(s) Taken (including regularly taken over the counter medication): _____

Special Dietary Needs: _____

Does the Student Have Allergies and or Special Medical Conditions We Should Be Aware Of? (History of serious illness, diabetes, epilepsy, heart condition, previous injuries, or allergies like: seafood, hay fever, bee stings, medications etc.):

Date of Students Last Tetnus Shot: _____

Medical/Health Insurance Information

(You may staple a copy of both sides of your health insurance card to this form or complete the following sections.)

Complete Name of Insurance Company: _____

Address of Insurance Company: _____

Policy Holder's Name: _____ Group # _____ Policy # _____

Policy Holder's Employer: _____ Employer's Phone #: _____

Employer's Address: _____

Employer's City, State and Zip: _____

Emergency Contacts

Phone number where you as a parent/guardian, can be reached in case of emergency.

Name:	Relationship: Mother/ Guardian	Home Phone:	Cell Phone:
Name:	Relationship: Father/ Guardian	Home Phone:	Cell Phone:

By signing below you agree that all of the information above is complete and correct and that you agree to the following three statements:

1. I give my permission for my child to attend trips and permission for all GospelKnights Staff in charge, to seek medical assistance for my child if the need arises. I understand I am responsible for all costs associated with medical treatment.
2. I give permission to the Mt. Vernon GospelKnights Staff to transport my child during the duration of the Mt. Vernon GospelKnights Program.
3. I give permission to the Mt. Vernon GospelKnights Staff to use my child's name, voice, picture or video footage for the purpose of promoting the Mt. Vernon GospelKnights and to document participation in choir related activities.

Parent or Guardian Signature _____

Date _____