

Mt Vernon GospelKnights Annual Emergency Contact and Medical Information

Member's Name	Member's Date of Birth	M F Sex
Parent's/Guardian's Name	Parent's/Guardian's Name	
() Home Phone	() Work Phone	() Work Phone
Address	Address	
City, ST ZIP Code	City, ST ZIP Code	

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
() Home Phone	() Home Phone
() Work Phone	() Work Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
-------------------------------	------

I give permission for my child to go on field trips. I release the GospelChoirs of Mt. Vernon, Inc. and the Mt. Vernon GospelKnights as well as individuals from liability in case of accident during activities related to the GospelChoirs of Mt. Vernon, Inc. and the Mt. Vernon GospelKnights, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature	Date
Witness Signature	Date

