

**Michigan Singers Summer Tour 2017
Medical Authorization Form**

Name _____ Birth Date _____

Address _____

City/ State _____ Zip _____

Home Phone# (____) _____ Work(____) _____ Cell(____) _____

Father's Name _____ Phone _____

Mother's Name _____ Phone _____

Legal Guardian Name _____ Phone _____

Contact Person _____ Phone _____

I, the parent or legal guardian of _____ do hereby give consent to any emergency medical, dental, or surgical treatment as deemed necessary by Dick Forsman, choir director while participating and traveling with the Michigan Singers, effective July 19 through July 27, 2014. Every effort will be made to contact the parent or legal guardian before treatment is given.

Parent or Legal Guardian Signature _____ Date _____

Medical Information:

Date of last Tetanus shot: _____

Allergies: _____

Medical Disorders: _____

Medication-dose and time schedule: _____

Family Doctor: _____ Phone: _____

Insurance Information: *Please provide us with a readable copy of insurance card(s) front and back.*

Health Insurance Company: _____

Policy # _____ Group # _____

Insured's Name: _____ Date of Birth: _____

Employer: _____ Phone: _____

(Please include any patient information on the back of this sheet...sleep disorders, phobias, etc)