

Michigan Singers Summer Tour 2020 Medical Authorization Form

Name _____ Birth Date _____

Address _____ City/State _____ Zip _____

Father's Name _____ Phone _____

Mother's Name _____ Phone _____

Legal Guardian Name _____ Phone _____

Additional Contact Person _____ Phone _____

Additional Phone Number for _____ is (_____) _____

I, the parent or legal guardian of _____ do hereby give consent to any emergency medical, dental, or surgical treatment as deemed necessary by Ken Forsman (Director) while participating and traveling with the Michigan Singers, effective July 25th - August 2nd, 2020. Every effort will be made to contact the parent or legal guardian before treatment is given.

Parent/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 your insurance card(s) front & 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)