

**GIRLS CHOIR OF WILMINGTON
MEDICAL CONSENT**

I, _____ as the parent/guardian do give my permission for my daughter, _____ to participate in Girls' Choir of Wilmington functions for the Fall (year) _____ and Spring (year) _____ Semesters (August through June).

I agree to hold The Girls' Choir of Wilmington and any person acting in their behalf harmless from any and all civil, criminal, and financial liabilities for any injuries or illness suffered by my daughter.

Please list any medical conditions/allergies we need to be aware of:

Any medications must be sent in the original container, labeled with name, dose and how often to be given. Please list medications sent with your daughter:

Medication _____ Dosage _____

When Given _____

Reason for taking _____

you are required to keep us updated on any medical changes

Date of birth _____ Age _____ Height _____ Weight _____

Identifying marks (description and location): _____

Insurance Company _____

ID# _____ **Policy #** _____

Name of Policy Holder _____

Physician Name _____ **Phone#** _____

Emergency contact and phone # _____

I authorize a Girls' Choir of Wilmington representative to consent for any medical treatment deemed necessary for my daughter as needed. I also give permission for a Girls' Choir representative to give Tylenol if needed.

Signature indicates consent for treatment and agreement.

_____ Date _____ Phone # _____
Parent/guardian cell # _____

**** If your daughter faints or needs to sit down during a performance three times there will need to be a note from a doctor clearing any medical condition prior to further participation in GCW. ****