

Emergency Medical Information

Singer's Name (first and last) _____ Age _____

Address _____ Phone _____

City _____ State _____ Zip _____

Parent/Guardian's Name (first and last) _____

Emergency Contacts:

Name _____ Relation _____ Phone Number(s) _____

Name _____ Relation _____ Phone Number(s) _____

Doctor _____ Phone Number _____

Dentist _____ Phone Number _____

Allergies (Drug/Food/Environmental) _____

Prescription Medications and Dosages _____

Any other information or conditions of which we should be made aware _____

This authorizes the staff of the Summit Choral Society to seek medical assistance in case of an emergency.

Parent/Guardian Signature _____ Date _____

*Please fill out completely and mail to:
Summit Choral Society • 715 E. Buchtel Ave. • Akron, Ohio 44305*