

Michigan Singers Summer Tour 2024 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 20th - 28th, 2024. 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)