



East Tennessee Children's Choir

Medical Form

Consent for Emergency Medical Treatment Under Special Circumstances

Revised 5-21-2017

Name _____ Birthday _____

Last Tetanus Injection: _____

Please list any allergies to drugs or foods your child may have:

Physical conditions, special medications, or other health information:

Parents/Guardian _____

Street address _____ City _____ State _____ Zip Code _____

Email address _____

Primary phone # () _____ Secondary phone # () _____

Student's Physician _____ Phone () _____

Insurance Company _____ Policy No. _____

I (we) the undersigned parent(s) or guardian (s) of _____ do hereby authorize and consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable and is to be rendered under the general or special supervision of any medical or emergency room staff licensed under the provisions of the Medical Practice Act. I (we) agree to accept responsibility for all costs incurred from the rendering of needed emergency services for my (our) child. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide consent to such care when the foregoing licensed physician in his/her best judgment deems it advisable. It is understood that the hospital shall attempt to contact the undersigned and the physician identified above if one is noted, prior to rendering treatment to the minor or dependent adult. However, treatment will not be withheld if the undersigned and / or the student's physician cannot be reached. I (we) agree to save and hold the officers, employees, or agents of Mountain Empire Children's Choral Academy and the medical care providers harmless from all liability, suits, or claims, of whatever nature or kind which might arise as a result of administering needed emergency care. I (we) hereby authorize the hospital to surrender physical custody of my (our) child to the individual who presented him/her for treatment upon completion of treatment if I (we) are not present at the time of discharge.

Signature: _____ Date: _____

My child has permission to receive any of the following that are circled - dose according to package:

Acetaminophen/Tylenol Ibuprofen/Motrin Benadryl Antacids/Tums