Capital Christian Homeschool Bands & Choir Medical Information and Informed Consent for Treatment for CCHB Sponsored Events

Band Member's Name_____

Please read and complete the following form FOR EACH STUDENT. This form must be filled out completely and submitted to CCHB to complete your child's registration.

Medical Information:

Known allergies to foods, drugs, insect stings, or bites, etc:

_____

Special medical concerns or conditions that event supervisors should know about, including contagious illnesses, epilepsy asthma, diabetes, previous injuries to bones/joints, etc:

_____

List special dietary needs: _____

Medication currently being taken (Name of medication, dose, and frequency):

_____

Family Physician:

Name: _____Phone # _____

Address_____

Insurance Information: Insurance Company:

_____

Policy Number: _____

Company Address: _____

Company Phone Number: _____

Informed Consent:

In the event that a participant needs minor medical care from CCHB or more significant medical care from a qualified health care provider, including in rare cases possible hospitalization and/or surgery, the parent/guardian is asked to sign the informed consent form below. In case of serious medical condition, CCHB will make every effort to notify the parents, but the first priority may be providing care to the participant.

Authorization to Consent to Health Care for Minor I,_____, am the custodial parent having legal custody of _____, a minor child, and age _____, born on _____. I authorize any adult(s) instructor or board member in whose care the minor child has been entrusted, to do any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, x-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures. This consent shall be effective for one year from the date of the execution.

Signatures Acknowledging All Parts listed above:

Parent's/Guardian Signature_____Date:_____

Participant's Signature_____Date:_____

Parent/Guardian telephone #: Home_____ Cell_____

It is required that a New Medical Information & Informed Consent Form be completed each year. If health history changes within that year, it is the Parent/Guardian's responsibility for updating the information.