

MEDICAL INFORMATION — 2019-2020 Celebration Singers  
(Please Print)

\_\_\_\_\_  
(Last Name) (First Name) (Birth Date) (Grade 2018-19)

Allergy or Reaction to Medications: \_\_\_\_\_

Check All That Apply:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Asthma         | <input type="checkbox"/> Fainting Spells         | <input type="checkbox"/> Strep Throat       |
| <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Hypoglycemia            | <input type="checkbox"/> Mumps              |
| <input type="checkbox"/> Epilepsy       | <input type="checkbox"/> Convulsions or Seizures | <input type="checkbox"/> Chicken Pox        |
| <input type="checkbox"/> Measles        | <input type="checkbox"/> Braces                  | <input type="checkbox"/> Dental Prosthetics |
| <input type="checkbox"/> Contact Lenses | <input type="checkbox"/> Glasses                 |   |
| <input type="checkbox"/> Other          | Date of Last Tetanus Shot Received: _____        |   |

Physical Limitations \_\_\_\_\_

Meds Taken on a Regular Basis \_\_\_\_\_

Emergency Contacts

_____ (Name)	_____ (Relationship)	_____ (Home #)	_____ (Work/Cell #)
_____ (Name)	_____ (Relationship)	_____ (Home #)	_____ (Work/Cell #)
_____ (Name)	_____ (Relationship)	_____ (Home #)	_____ (Work/Cell #)

The undersigned representative of the minor \_\_\_\_\_ do hereby authorize the use of photographs to be used in publicity, information and celebrations for this event; and release the Methodist Church and First United Methodist Church, Katy, Texas, collectively herein referred to as "the church", its' employees and volunteers (including parent volunteers working under the direction of the church) from any claim the undersigned may have arising from injury or loss occurring within vehicles owned or leased or borrowed by the church, and hold harmless from any claim arising as the result of any such injury or loss. Facsimile or photo copied signatures will be deemed original for all purposes. I further authorize any person acting under the authority and with the consent of the church, to render first aid OR give over the counter medications for minor illnesses (ie: cold, upset stomach, fever) OR seek medical treatment for said child, while said child is participating in a church sponsored event and authorize, on our behalf, such treatment when necessitated by emergency or illness.

This release will remain in effect through June 30, 2020.

\_\_\_\_\_  
(Signature of Parent/Guardian) (Date)

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Hospitalization Insurance Carrier \_\_\_\_\_ Phone # \_\_\_\_\_

Policy/Group # \_\_\_\_\_ Name of Insured \_\_\_\_\_