Barbershop A Cappella Rocks

Youth Harmony Festival
Neva Chamberlain, Chair
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BARBERSHOP A CAPPELLA ROCKS
YOUTH HARMONY FESTIVAL
Saturday, October 12, 2013

EMERGENCY MEDICAL INFORMATION / RELEASE FOR TREATMENT FORM

Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Sex: ☐ Male ☐ Female Date of Birth: _____

Known Allergies: _____

Medical Conditions: _____

Emergency Contact Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

☐ I hereby authorize any and all medical treatment of above named minor to be administered in case of emergency until such time that I can be contacted and am able to assume responsibility for medical care.

_____ _____
Parent/Guardian Name Parent/Guardian Signature