

Lexington Singers Children's Choir
Singer Information Sheet for Tours and Large Events

Singer's Name		
Will your child have a cell phone available during the tour or event?	Yes	No
		Singer's Cell Phone
Parent(s) or Legal Guardian(s)		
Singer's Home Address		
School	Grade	Birthday
Please provide information about your child for the Directors and Chaperones. Please indicate whether or not your child is likely to need adult assistance with these issues- such as remembering to take medication at certain times of the day.		
•Medications, allergies, chronic conditions or other health, safety and comfort needs:		
•Food Preferences, Aversions, Intolerances, Allergies:		
•Any other information to facilitate an enjoyable and secure experience for your child:		
I, _____, Parent or Legal Guardian of _____, do hereby verify that the above information is correct and give permission to LSCC staff or LSCC approved chaperones to photograph my child for the purposes of attaching to this document for safety and security during choir tours and appearances at large events.		
Signature		Date

Thank you for permitting your child to participate. Please complete and sign the back side.

Lexington Singers Children's Choir

Singer's Name:			
Parent/Legal Guardian Contact			
Name	Home Phone	Cell Phone	Email
Name	Home Phone	Cell Phone	Email
Other Emergency Contact			
Name	Home Phone	Cell Phone	Relationship
Name	Home Phone	Cell Phone	Relationship
The above mentioned Singer has the following allergies or medical conditions:			
Insurance Information			
Please attach a copy of your medical insurance and prescription benefit identification card(s).			
Health Insurance Company			Ins. Phone
Policy #	Current Physician		MD Phone
Group/Plan #	Policyholder	Relationship to Singer	
Medical Release for Minor Child			
<p>I, _____, Parent or Legal Guardian of _____, a minor child, hereby authorize any medical or surgical treatment which may be deemed necessary in an emergency, and in my absence, for the well being of the above mentioned minor. I agree to hold Lexington Singers Children's Choir staff, chaperones and the physician or hospital treating the above mentioned minor, harmless. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all from any and all claims, demands, actions or cause of action arising out of damage or injury while participating in Lexington Singers Children's Choir sponsored activities.</p>			
Signature			Date