

# MORRIS COUNTY HONOR CHOIR MEDICAL FORM

(Please PRINT/TYPE all information) (DO NOT USE PENCIL)

STUDENT NAME \_\_\_\_\_

LAST

FIRST

MIDDLE

CIRCLE:    MALE            FEMALE

PARENTS HOME PHONE:

(    ) \_\_\_\_\_

BIRTH DATE:            /            /

MM      DD      YEAR

EMERGENCY PHONE NUMBER:

(    ) \_\_\_\_\_

PARENTS BUSINESS PHONE:

(    ) \_\_\_\_\_

ACTIVE CELL PHONE: (    ) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

STREET ADDRESS

CITY/STATE/ZIP

## MEDICAL PROFILE

*(IF NOT APPLICABLE, WRITE NONE) (IF NOTHING IS ENTERED, THEN NONE WILL BE APPLIED)*

**HISTORY (Also list any current illness or condition):**

**AIRBORNE, FOOD & MEDICAL ALLERGIES:**

**MEDICATIONS (List any medications currently being taken):**

**MEDICAL INSURANCE COMPANY NAME:** \_\_\_\_\_

**INSURANCE POLICY/ID NUMBER:** \_\_\_\_\_

I hereby give my permission for medical treatment to be administered to the above named minor child in case of a medical emergency, and if necessary, transport to, and treatment at a local hospital. My signature below also certifies that the above listed information is accurate, complete, and true as of this date.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

*(PARENT/GUARDIAN)*

**PRINTED NAME** \_\_\_\_\_