



Participant Medical & General Waiver

PARTICIPANT INFORMATION

1. Legal Name: _____ Sex: male female
last first middle or maiden
2. Address: _____
street address city state zip code
3. Best phone: _____ 4. Other phone: _____ 5. Date of Birth: _____
month / day / year

MEDICAL HISTORY & INFORMATION

6. Participant's Physician: _____ Phone: _____
7. Physical conditions or limitations: (food or other allergies, asthma, diabetes, dysmenorrhea, headaches, hypertension, nervousness, seizures, lactose intolerance, or recent surgery or condition restricting walking, standing, sitting, movement etc)

8. Special Instructions: (rare blood type—prohibited treatment, allergies to penicillin, latex, sulfa drugs)

9. List of medications taken regularly: _____
10. Current Immunization: Tetanus _____ Polio _____ None: _____
date date *include copy of current immunization record
11. Please **enclose a copy of participant's current vaccination/immunization record**—Check if photocopy is enclosed

MEDICAL INSURANCE INFORMATION

11. Insurance Company: _____ 12. Policy/Group Number: _____
13. Name of Primary Insured: _____ 14. Insured ID (SSN): _____
15. Please **enclose a photocopy of your health plan identification card—front and back**— Check if photocopy is enclosed

MEDICAL TREATMENT APPROVAL & GENERAL WAIVER

In the event of an emergency necessitating medical attention, I hereby give my consent to the YouthCUE staff and/or its representatives to make such decisions regarding treatment which is deemed necessary and proper under the circumstances.

I, the undersigned participant (or parent/guardian), do agree to indemnify and hold harmless YouthCUE and/or its representatives from any and all actions, causes of actions, related risks and dangers, arising out of the treatment of any sickness or accident, and agree to assume financial responsibility for all medical treatment provided.

I, the undersigned participant (or parent or guardian), understand and acknowledge that not all students in the San Antonio Youth Chorale may have been immunized. I, the undersigned participant (or parent/guardian), do agree to indemnify and hold harmless YouthCUE and/or its representatives from any and all claims and/or causes of action that may arise from exposure to students that are not immunized.

Signature: _____ Date: _____
Adult participant or Minor participant's parent/legal guardian

**FORM MUST BE accompanied by a copy of medical insurance card front and back
and a current immunization record listing all immunizations to date**