NJHSA CHORAL PROGRAM
MEDICAL RELEASE

To Whom It May Concern:

If my child _____ has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached within a reasonable period of time, I hereby authorize the adult sponsor, Beth Prins, Robert F. Davis, Betty Anne Yates, or one of the Fine Arts Program Adult Chaperones, to make emergency medical decisions for my child. This authorization is in effect from August 2026 through June 2027.

_____ _____

Signature of Parent or Guardian Date

Name of Insured Employee:	Place of Work:
Insurance Company:	Employee's S.S. #:
Policy #:	Group #
Medicine(s) Child Is Taking, Amount, Time(s):	
Allergies or Existing Medical Problems to be Aware of:	
Last Tetanus Shot / Booster:	Hospital of Preference (Name & Phone #):
Primary Care Doctor & Telephone #	
Telephone # Where Parent Can Be Reached:	Secondary Telephone # Where Parent Can Be Reached:

COPYING INSTRUCTIONS (please read and carefully follow):
Please submit REQUIRED # of copies of this form plus # copies of your INSURANCE CARD (FRONT & BACK) as outlined below:

FOR JR HIGH CHOIR ONLY • 1 copy of this form • 1 copy of your INSURANCE CARD	**FOR JR HIGH CHOIR & JR HIGH SELECT ENSEMBLE** • 2 copies of this form • 2 copies of your INSURANCE CARD
FOR SR HIGH CHOIR ONLY • 1 copy of this form • 1 copy of your INSURANCE CARD	**FOR SR HIGH CHOIR & CHORALE** • 3 copies of this form • 3 copies of your INSURANCE CARD
FOR SR HIGH CHOIR & VOCALISE • 2 copies of this form • 2 copies of your INSURANCE CARD	**FOR SR HIGH CHOIR, VOCALISE & CHORALE** • 3 copies of this form • 3 copies of your INSURANCE CARD
FOR SR HIGH CHOIR & MEN'S ENSEMBLE • 3 copies of this form • 3 copies of your INSURANCE CARD	**FOR SR HIGH CHOIR, MEN'S ENSEMBLE & CHORALE** • 3 copies of this form • 3 copies of your INSURANCE CARD