

Today's Date: _____

Last Name/First Name: _____

**PIKES PEAK INTERNATIONAL MUSIC FESTIVAL
MEDICAL REPORT
July 26-August 1, 2010**

Dear Parents,

Please fill out the following medical information. BE SPECIFIC! This report will be kept on file with the Festival staff in case of an emergency.

(Note that a parent signature is needed in 2 places).

CHILD'S NAME _____ DATE OF BIRTH _____

PARENT/GUARDIAN 1 NAME _____ CELL PHONE _____

PARENT/GUARDIAN 2 NAME _____ CELL PHONE _____

HOME PHONE _____ BUSINESS PHONE _____

EMERGENCY CONTACT _____ EMERGENCY PHONE _____

PHYSICIAN _____ PHONE _____

MEDICAL INSURANCE COMPANY _____ POLICY NUMBER _____

HAS YOUR CHILD HAD ANY MAJOR ILLNESS RECENTLY? _____ IF SO PLEASE EXPLAIN: _____

HAS YOUR CHILD EVER BEEN HOSPITALIZED? _____ IF SO WHAT FOR? _____

ALLERGIES TO FOOD _____

MEDICINE ALLERGIES _____

OTHER ALLERGIES _____

DATE OF LAST TETANUS INJECTION _____

DATE OF LAST MEASLES, MUMPS, RUBELLA INJECTION _____

DOES YOUR CHILD TAKE DAILY MEDICATION? _____ IF SO WHAT IS IT? _____

IF THERE IS ANY ILLNESS OR HANDICAP THAT WILL MAKE IT NECESSARY FOR YOUR CHILD TO PARTICIPATE ON A LIMITED BASIS OR THAT WILL REQUIRE SPECIAL MEDICATIONS IN ANY EMERGENCY, IT IS IMPERATIVE FOR US TO KNOW ABOUT THEM SO THAT OUR STAFF WILL BE ALERTED TO THE SITUATION. PLEASE EXPLAIN IN THE SPACE PROVIDED.

I hereby certify that to the best of my knowledge the above medical statement is accurate and that my child has permission to participate in the activities of the Pikes Peak International Music Festival.

➡ PARENT OR GUARDIAN _____

**FESTIVAL MEDICAL RELEASE FORM
July 26-August 1, 2010**

I give the Festival Medical Staff permission to treat my child in an emergency while participating in any activities presented by the Pikes Peak International Music Festival. In case of emergency, I understand all efforts will be made to contact me. In the event of an emergency I agree to pay for any medical services that might be needed beyond that provided by insurance. I hereby give my permission for the administering of prescriptions and over-the-counter medication by the Festival Medical Staff .

The Pikes Peak International Music Festival and The Colorado Springs Children's Chorale will not be held liable for any such occurrences. (By-laws Art. VII Sec. 2)

➡ PARENT OR GUARDIAN _____ Date: _____