



The Common Voice Summer Chorus Camp  
2024 Medical Form  
Questions or concerns?  
Contact: [hello@alliesinmusicedu.org](mailto:hello@alliesinmusicedu.org)

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Student Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

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***Please complete the following statement.***

I, (parent/guardian) \_\_\_\_\_ hereby certify that, (student) \_\_\_\_\_ is able to participate, and that there is no objection to their participation in chorus camp, or any of the activities therein contained. Furthermore, in consideration of my student being permitted to participate in The Common Voice Summer Chorus Camp program, I agree, on behalf of my student, myself, my family, heirs and personal representatives to assume all risks and responsibilities surrounding my participants participation in the program. To the maximum extent permitted by law, I release and indemnify Allies in Music Education, Inc., the University of Massachusetts Lowell, its Board of Trustees and their officers, employees and agents, and employees of The Common Voice Summer Chorus Camp from and against any present or future claim, loss or liability for injury to person or property which I or my student may be liable to any other person, during my / my student's participation in The Common Voice Summer Chorus Camp program - held at the University from Monday, July 22nd, 2024 through Friday July 26th, 2024.

In the event that it becomes necessary to seek medical attention or to go to a hospital, you have my permission to seek such help as may be determined necessary by the directors or the chorus camp staff. A child taken to the hospital will necessitate a parent or guardian's attendance at the hospital at the earliest possible time. Emergency Care Providers require the following information.

All information provided shall be held in confidence and maintained by the directors and administrative staff.

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**My / Our Medical Plan is:** \_\_\_\_\_

**Medical Plan Number:** \_\_\_\_\_

**The Policy Holder is:** \_\_\_\_\_

**Employer of Policy Holder:** \_\_\_\_\_

**Primary Care Doctor:** \_\_\_\_\_

**Primary Care Phone: (\_\_\_\_)\_\_\_\_\_**

**Location of Primary Care Doctor:** \_\_\_\_\_

**Does your insurance provider require notification prior to emergency care? Circle One:**

*Yes / No*

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**Please list ALL of the following:**

- Current Medical Conditions
  - Current Medications (and for what reason medication is being taken),
  - Allergies
  - Any physical limitations that would prevent you from participating fully in The Common Voice Summer Chorus Camp. Please be specific. Please attach any necessary information.
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**Is there any information regarding your students emotional, social or mental health that you would like the camp staff to be aware of?**

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**The program may contact you for additional information. Is there anything else for which the camp staff should be made aware, or which may impact your child's camp experience?**

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**Signature of Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Parent / Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_