

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the chorister:	
1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?	___ Yes ___ No
2. Ever been treated for emotional or behavioral difficulties?	___ Yes ___ No
4. Had a significant life event that continues to affect the chorister's life? (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)	___ Yes ___ No
<i>Please explain "Yes" answers in the space below, noting the number of the questions. We may contact you for additional information.</i>	

Insurance Information

Personal physician's name _____ Ph# (_____) _____

Medical insurance company _____ Policy number _____

Name of primary insured _____

MEDICAL TREATMENT CONSENT

I, the legal guardian of the above-named minor, authorize the Vermillion Children's Choir staff to seek medical treatment for the chorister as they see necessary. I consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed health care provider during the participant's session. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is given to provide the VCC staff authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as s/he judges necessary to the above-named child. I accept responsibility for payment of all services rendered; I authorize any medical facility which renders services to release medical information necessary for the processing of insurance claims; and I authorize the payment of insurance claims directly to the medical facility. I understand that whenever possible, the VCC staff will make a good faith effort to contact me, or the above-named person(s) before seeking treatment. If this is not possible, I understand that the VCC staff will notify me, or my designee as soon as possible of any and all diagnoses and treatments.

Legal Guardian's Signature

Print Name

Date

Photo Release Agreement

I, _____, Parent/Guardian of _____ hereby authorize and consent to the use of his/her visual image by the Vermillion Children's Choir, for appropriate purposes, including but not limited to: still photography, videotape, electronic and print publications and websites. I understand that no last name will be listed on any visual image. I give this consent with no claim for payment.

Legal Guardian's Signature

Print Name

Date

Phone: _____