

**CHOIR CLUB REGISTRATION 2017-2018**

**Please Print**

Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell # \_\_\_\_\_

Family Email Address \_\_\_\_\_

Best number to receive text messages \_\_\_\_\_

Permission is granted to use photos of my child for FUMC Music Ministry publicity:

\_\_\_\_\_ Yes \_\_\_\_\_ No

T-Shirt Size \_\_\_\_\_



**First United Methodist Church**

165 East Broad St. ♦ Cookeville, TN 38501 ♦ 931.526.2177 ♦ [www.cookevillefumc.org](http://www.cookevillefumc.org)

Choir Club, First United Methodist Church, Cookeville, Tennessee

CONSENT FOR MEDICAL/EMERGENCY TREATMENT

In presenting my child for diagnosis and treatment,

I, \_\_\_\_\_ For \_\_\_\_\_

(Parent's Name)

(Student's Name)

of \_\_\_\_\_ years of age, hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, and blood transfusions, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment of child's condition.

I have read this form and I certify that I understand its contents. I hereby give my consent to the Choir Directors (Kathy Evans/Janet Worley) or Parent Volunteers to arrange for routine or emergency medical/dental care and treatment necessary to preserve the health of my child. This permission will be effective from August 9, 2017 through July 31, 2018.

I acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.

Name _____	Home Phone _____
Address _____	City _____ St _____ Zip _____
Name and Address of Insurance Carrier _____	
_____	
Group # _____	Policy # _____
Family Doctor _____	phone _____
Pediatrician _____	phone _____
Dentist _____	phone _____
Any special Medical Conditions _____	
Date of last Tetanus Booster _____	Any Current Medications _____
_____ Choir Directors or Parent Volunteers have my permission to give regular strength acetaminophen tablets (Tylenol or generic brand) when requested by my child. Please dispense _____ 1 tablet or _____ 2 tablets.	
_____ No permission is given to administer acetaminophen.	
Parent Signature _____	Date _____

**Emergency Numbers: PLEASE PROVIDE CONTACT NUMBERS**

Home \_\_\_\_\_

Dad Cell \_\_\_\_\_

Mom Cell \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Phone \_\_\_\_\_



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