



# HCCC EMERGENCY INFO 2020 – 2021

*This completed form must be returned by the first rehearsal.*

**Chorister's Name** \_\_\_\_\_

**In case of emergency during rehearsals or performances, please contact:**

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

**Doctor:**

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

**Preferred Hospital:**

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

**Allergies or Medical Concerns:**

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**My permission for my child's picture/name to be shown:**

Logan Daily News	_____ yes	_____ no
HCCC website	_____ yes	_____ no
HCCC Facebook page	_____ yes	_____ no
HCCC Instagram	_____ yes	_____ no

\_\_\_\_\_  
PARENT/GUARDIAN NAME

\_\_\_\_\_  
DATE