



HCCC EMERGENCY INFO 2021 – 2022

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:

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

Logan Daily News	_____ yes	_____ no
Logan-Hocking Times	_____ yes	_____ no
HCCC website	_____ yes	_____ no
HCCC Facebook page	_____ yes	_____ no
HCCC Instagram	_____ yes	_____ no

PARENT/GUARDIAN NAME

DATE