 **HCCC EMERGENCY INFO 2023 – 2024**

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

 ***(It is fine to email or text a picture of this form)***

**Chorister’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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NAME PHONE

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NAME PHONE

**Doctor:**

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NAME PHONE

**Preferred Hospital:**

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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