



# HCCC EMERGENCY INFO 2024 – 2025

*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:**

\_\_\_\_\_  
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
Logan-Hocking Times	_____ yes	_____ no
HCCC website	_____ yes	_____ no
HCCC Facebook page	_____ yes	_____ no
HCCC Instagram	_____ yes	_____ no

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

\_\_\_\_\_  
DATE