

Parent/Guardian’s Emergency Medical Authorization:

I hereby authorize any medical doctor, emergency medical technician, paramedic, nurse, healthcare provider, hospital, or other medical facility (“*Practitioner*”) to treat my child for any illness, medical complication, allergic reaction, or injury received while my child participates in the Piedmont Choirs dba Piedmont East Bay Children’s Choir (“*Choir*”) programs including but not limited to classes, rehearsals, performances, special engagements, retreats, camps, and tours be they domestic or international.

I hereby authorize any licensed “*Practitioner*” to perform any procedure and the administration of anesthesia that the “*Practitioner*” deems advisable to treat any illness, medical complication, allergic reaction, or injury that my child may experience.

I hereby authorize any “*Choir*” employee or “*Choir*” representative to serve as agents for my designated minor child, and to consent to any X-ray exam, anesthetic, medical examinations, diagnosis, medical treatment, and hospital care which is deemed advisable by “*Practitioner*” and is rendered under the general or specific supervision of any “*Practitioner*”.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment and hospital care which the aforementioned physician in the exercise of his best judgment may deem necessary.

I hereby authorize any “*Choir*” employee or representative to perform any procedure, including the administration of epi-pens or medication (whether over the counter or prescription) that I have described in the Medical Information section of the Registration Form for Allergies/Chronic Condition to treat any illness, medical condition, allergic reaction, or injury that my child may experience. I realize that there is a possibility of complications and undesired and unforeseen consequences in any medical treatment and I assume any such risk on behalf of my child.

I represent that I am a parent or legal guardian of the child and I hereby agree to defend, hold harmless, and indemnify the “*Choir*” its Board of Directors, directors, officers, employees, agents, principals, contractors, representatives, successors, assignees, sponsors, volunteers, associates, affiliates, attorneys, and insurers of the Choir, “*Practitioner*,” doctors, emergency medical technicians, paramedics, nurses, healthcare providers, and hospitals or other medical facilities forever from all liability, loss, costs, claims, or damages whatsoever that may be imposed upon said parties due to the medical treatment, or lack thereof, given to my child.

I agree that I am responsible for any and all expenses incurred for the emergency transportation, emergency treatment and all hospital/medical care for my child.

I have read this release, understand its legal implications, and agree to its terms.

Parent/guardian signature:

Date:
