



Toronto
Beaches
Children's
Chorus

EMERGENCY MEDICAL CARD

Last Name: _____

First Name: _____

Allergies:

Medical conditions:

Epipen? Yes No

Other:

Health card #: _____

Primary care Physician: _____

Physician phone: _____

Emergency contact 1: _____

Emergency contact 1 phone: _____

Emergency contact 1 cell: _____

Emergency contact 2: _____

Emergency contact 2 phone: _____

Emergency contact 2 cell: _____

Please tell us any other relevant medical information pertaining to your child:

I give permission for staff of the Toronto Beaches Children's Chorus to administer emergency medical care for my child should the situation require it.

Signature: _____ Date: _____