

**MEDICAL ADMINISTRATION RELEASE FORM**

I/We the parent(s) / guardian(s) of our son, \_\_\_\_\_ hereby give to the physician, nurse, chaperones, and/or staff who will accompany the Georgia Boy Choir during their 2024 Tours (April 19-21 and May 26 - June 10) permission to administer prescription and non-prescription medications specific to our son as outlined on the medical form.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION**

**Name of Insurer:** \_\_\_\_\_

**Name of Policy Holder:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Group Number:** \_\_\_\_\_

**Customer Care Phone Number:** \_\_\_\_\_

PLEASE ATTACH A PHOTOCOPY OF YOUR CHILD'S INSURANCE CARD OR EMAIL A  
PICTURE TO [INFO@GEORGIABOYCHOIR.ORG](mailto:INFO@GEORGIABOYCHOIR.ORG)

**Physician's Name:** \_\_\_\_\_

**Physician's Phone Number:** \_\_\_\_\_

**HOLD HARMLESS**

STATE OF GEORGIA

BOY'S NAME:

COUNTY OF: \_\_\_\_\_

FOR AND IN CONSIDERATION of my (our) son, \_\_\_\_\_, being permitted to accompany The Georgia Boy Choir on their 2024 Tours, I (we) hereby agree:

1. That the housing provided for my (our) son during this tour may be by lodging in hotels, inns, dormitories, private homes, or other accommodations of facilities selected by the Director of The Georgia Boy Choir.

2. In the event it appears to the Director of the Georgia Boy Choir that my (our) son requires medical or similar attention, I (we) hereby give to the Director of the Georgia Boy Choir complete authority to determine the nature, kind, type and extent of medical, hospital, or related services to be administered to him, and I (we) vest the Director of the Georgia Boy Choir with complete discretion in the selection of persons, firms, hospitals or other entities for the rendition of such treatment and/or care.

3. To indemnify and hold harmless The Georgia Boy Choir, its officers, director, staff, trustees and other adults on this tour from any and all claims, actions or causes of action which I (we) or which my (our) son may have arising from any occurrence taking place during this concert tour which results in injury to or death of my (our) son.

4. To indemnify and hold harmless The Georgia Boy Choir, its officers, trustees, director, staff and other adults on the tour from any and all claims, actions, or causes of action which I (we) or my (our) son may have arising from, out of, or as the result of the housing

accommodations afforded my (our) son during the course of said tour which result in injury to or death of my (our) son.

5. To indemnify and hold harmless The Georgia Boy Choir, its officers, trustees, director, staff, and other adults on the tour from any and all claims, actions or causes of action which I (we) or my (our) son may have arising from any medical treatment or other such care as may be rendered to my (our) son during this concert tour which result in injury to or death of my (our) son.

I understand that the Georgia Boy Choir does not have hospital or medical insurance to cover such services as may be utilized by my (our) son in the event of injury or illness during this tour, and in the event medical or similar attention is rendered to my (our) son during the course of this tour, I (we) agree that I am (we are) responsible for any and all fees, costs or other expense associated with the rendition of such services. If The Georgia Boy Choir pays such charges, I (we) agree to reimburse The Georgia Boy Choir therefore promptly.

---

**Parent or Guardian Signature**

**Date**

---

**Parent or Guardian Signature**

**Date**