

LENOIR~RHYNE UNIVERSITY

Lenoir-Rhyne Youth Chorus

Medical Form 2025-2026 Season

This form will remain on file with camp directors. Your information will remain confidential and will be shredded at camp's completion.

Student's Name

(last) (first) (middle)

Address _____

City _____ State _____ Zip. _____

Student's Date of Birth _____

Parent/Guardian 1: Name: _____

Guardian 1: Home Phone _____ Cell or Work Phone _____

Parent/Guardian 2: Name: _____

Guardian 2: Home Phone _____ Cell or Work Phone _____

INSURANCE INFORMATION

Under Whose Name is the Student Covered? _____

Name of Insurance Company _____

Policy Number _____

EMERGENCY CONTACT, if parent/guardian(s) cannot be reached:

1. _____
(name) (phone) (relation to student)

(please continue to page 2)

ALLERGIES

Food _____

Dietary restrictions _____

Medicine _____

Is your child currently taking any medications? Y or N

If "Y" please list medications here: _____

Family Physician: _____

Physician Office Phone: _____

Additional information here, as necessary.

This form may be emailed to: kassandra.hutcheson@lr.edu