



# Gospel Music Workshop of America, Inc.

*Rev. James Cleveland, Founder, Bishop Albert L. Jamison Sr, Chairman,  
Professor Craig Hayes, National Youth Supervisor*

## Youth & Young Adult Division

50<sup>th</sup> Annual Convention July 22 – July 28, 2017 – Atlanta, GA

### Youth Ages - **3 to 10 years old** - Medical Consent & Treatment Form

Name of Child \_\_\_\_\_

Parent(s)/Guardian(s) Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Contact Number(s) \_\_\_\_\_  
Home Business Cell

In case of any major accident, injury or illness requiring immediate medical or surgical care, I further authorize persons to act on my behalf, provided that diligent efforts have been made as the nature of the emergency permits to notify me.

\_\_\_\_\_ Name (other than parents) Relationship Phone

Chapter: \_\_\_\_\_ Chapter Rep.: \_\_\_\_\_

Whom I hereby also authorize to act on my behalf, of the situation and obtain my (or his/her) preferences. If such efforts to contact me or my representative designated above are unsuccessful, I authorize \_\_\_\_\_ to secure for my child and necessary medical treatment.

Allergy(s) \_\_\_\_\_

Medication(s) \_\_\_\_\_

\_\_\_\_\_ Parent/Guardian Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Medical Insurance Carrier

\_\_\_\_\_ Policy Number

\_\_\_\_\_ Group ID Number

\_\_\_\_\_ Name of Physician Phone