



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

July 14th – July 20, 2018 – 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