



# 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 & Young Adult ages - **11 years old and up** - Medical Form

Name \_\_\_\_\_ Address \_\_\_\_\_

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

Phone: Business \_\_\_\_\_ Home: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Phone

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

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

Medications being taken at this time: \_\_\_\_\_

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

Address and Phone number of Physician \_\_\_\_\_

Any current medical conditions: \_\_\_\_\_

Please describe current medications for the above stated medical conditions.: \_\_\_\_\_

Name of Medical Insurance: \_\_\_\_\_

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

This form gives the authorized person of the Gospel Music Workshop permission to see that you receive prompt medical attention, and the that the information listed above is correct. This information will only be used in the event of an emergency. You are a vital part of this organization, your good health is important to us

Chapter Representative Signature: \_\_\_\_\_

Print Full Name

Sign Full Name