



PIEDMONT EAST BAY  
**CHILDREN'S CHOIR**

**Tour Medical/ Other Important Information Update Form**

**Singer First and Last Name:**

**Medical & Other Important Information**

Having the most up-to-date information about your child when on tour is essential. Please add any newly diagnosed allergies, medical conditions, or general concerns.

**Please list any life-threatening allergies & medical conditions.** (Please write no updates if applicable.)

**Please list any non-life-threatening allergies and medical conditions.** (Please write no updates if applicable.)

**Dietary Restrictions** (Please write no updates if applicable.)

**General concerns** (Please write no updates if applicable.)



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**Tell us about your child**

This information will help our staff help your child assimilate to new surroundings while traveling and meeting new people.

**What kind of environment does your child thrive in?**

For example: "Needs time alone to recharge," "Enjoys quiet activities," or "Excited and enjoys making new friends."

**OPTIONAL: Share any strategies, assessments, or treatments a mental professional has provided to help your child thrive.** *(This information will be kept confidential. Only needed staff covered by PEBCC's confidentiality policies will have access to the information. Key tour or camp staff members in direct contact with your child will only be given flags to watch for in order to help your child have a positive experience in our program.)*