

MSVMA Student Leadership Conference
July 28-29, 2020
Parental Permission/Medical Consent Form

Student Name: _____

School: _____

My child has my permission to participate in the MSVMA Student Leadership Conference. I recognize that MSVMA assumes no liability for accident or injury outside the Conference site. This includes transportation to and from the Conference site and student hotel arrangements. During the Conference, I authorize and consent to emergency medical treatment in the event I/we cannot be reached at the emergency phone number provided below.

Parent/Legal Guardian

Emergency phone number

Medical insurance carrier: _____ **Policy/group number:** _____

Please list any allergies, medical conditions, or special accommodations required.

Child's prescriptions: _____

Housing Arrangements

It is strongly recommended for the safety of students that parents/guardians make hotel reservations and confirm chaperones by the June 26, 2020 deadline.

My child will be staying at the following hotel:

Hotel name: _____ **Phone number:** _____

Confirmation number: _____

My child will be commuting to the Conference.

Required Chaperone: Students must have a chaperone staying in the same location.

Chaperone name: _____ **Phone number:** _____

Chaperone is a **parent** **director.**

Return this completed form to your choir director.

Directors must have all forms scanned via email or postmarked by **June 26, 2020.**

SCANNED permission slips to: wendeewolfschlarf@msvma.org **OR**

MAILED permission slips to: Wendee Wolf-Schlarf, 6112 Northwind Court, Traverse City, MI 49685

