

**MSVMA Student Leadership Conference  
July 30 - 31, 2019  
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 28, 2019 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 postmarked by **June 28, 2019.****