MSVMA High School State Honors Choir
PARENTAL PERMISSION/MEDICAL CONSENT FORM

Student Name _____

Choir ☑ *(check one)* ☐ **SATB** ☐ **SSAA** ☐ **TTBB**

School _____

My son/daughter _____ **From**_____**High School** has my permission to participate in the MSVMA Honors Choir rehearsals and performance during the period from Thursday through Saturday, January 24-26, 2019. I recognize that MSVMA assumes *NO* liability for accident or injury outside the rehearsal setting. This includes any transportation to and from both rehearsal and performance sites, and student hotel arrangements. It is strongly recommended for the safety of the student that parents/guardians set all hotel reservations and chaperones *firmly* by this **December 14th** deadline.
During the above period, I hereby authorize and consent to emergency medical treatment in the event I/we cannot be reached at the following phone numbers:

_____ ( )_____
Guardian **emergency phone number**

- **Medical insurance carrier** _____
- **Policy/Group number**_____
- **Please list any allergies, medical conditions, or special needs:** _____
- **Students current prescriptions:** _____

Name of HOTEL if known where your child will be staying (indicate home info if commuting)

- **Hotel name** _____
- **Phone no. (_____)**_____
- **Confirmation no.** _____

CHAPERONES

1 – 3 student(s) must have a chaperone
4 – 7 students must have 2 chaperones
7 – 11 must have 3 chaperones
12 – 16 students must have 4 chaperones

Note: ALL FORMS MUST BE FILLED OUT COMPLETELY OR APPLICATION MAY BE DENIED. Return this printed form to choir director by ***December 12, 2018****. (Director must mail all forms which must be postmarked by* ***December 14, 2018****)*