

North Carolina High School Honors Chorus Medical Release Form

I, the parent/guardian of _____ give my permission to the coordinator of the NC Allstate Chorus to act as guardian, if I cannot be contacted in the event of accident or medical emergency involving my child. Also, in the event of emergency, she has my permission to obtain medical treatment for the proper care and well-being of my child.

_____ Parent/guardian signature

Date _____ School (name in full) _____

Teacher _____

Please list any known allergies or medical conditions we need to be aware of: _____

Please list any medications you child is currently taking regularly _____

Emergency Information PLEASE PRINT

Name of Parent/Guardian _____

Telephone numbers _____ Home _____ Work _____ Cell _____

Emergency Contact Person _____

Emergency Phone Numbers _____ Home _____ Work _____ Cell _____

Student-Parent Acknowledgement Statement

Each student will be prepared on all of his/her music or will be dismissed from All-State Chorus. Each student will be well-mannered and respectful of others and abide by his/her school's Code of Conduct. They will attend ALL rehearsals on time and will have their own music, folder, and pencil.

Signed, _____ Student _____

Date, _____