

## MEDICAL PERMISSION

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date of Birth

I give permission for the music director and/or person designated to obtain first aid from qualified personnel should a situation occur requiring medical attention while my child is traveling with an authorized music event.

In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the music director and/or person designated to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Father

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Child's Physician's Name

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Physician's Phone Number

\_\_\_\_\_  
Allergies/Medical Problems

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Student's Instrument/Guard/Choir

\_\_\_\_\_  
Parent's E-Mail Address