

**North Carolina High School All-State 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, \_\_\_\_\_