KCDA All-State Summer Honor Choirs

MEDICAL RELEASE FORM

July 10 - 12, 2019 - Topeka, KS

Please print or type:

Participant's name_____
(Last) (First) (Middle Initial)

Participant's Health Insurance Co. _____

_____
(Name and Policy/Group numbers)

I am currently taking the following prescription medication(s):

_____

List any other medications you might be taking below:

_____

Known allergies_____

My physician's name_____ Phone # _____

Address of physician_____
(Street) (City) (State) (Zip)

If the participant listed above should require medical attention while participating in the KCDA All-State Summer Honor Choirs in Topeka, Kansas, July 10 - 12, 2019, the designated Honor Choir Chair or Honor Choir Chair Assistant, or the designated chaperone (if other than parent), has my permission to treat onsite or take said child (listed above) to a doctor, hospital, or any other medical facility for necessary medical treatment.

Parent/Guardian Signature_____

Signed in my presence this_____ day of (date & year) _____.

Witness my hand and seal this_____ day of (date & year)_____

*Notary Public: _____

My Commission expires: _____

Notary Seal:

This document must be notarized