

CARTHAGE R-9 VOCAL MUSIC MEDICAL RELEASE

THIS FORM MUST BE IN THE POSSESSION OF THE VOCAL MUSIC DIRECTOR
BEFORE THE STUDENT IS ALLOWED TO TRAVEL WITH THE CHOIR

I, being the parent, guardian, custodian of _____

(Students Name)

do hereby authorize, request, and give my permission for the above named to be treated by any physician, and or medical facility while on any choir trip, as the inability of being contacted by a physician or medical facility.

Allergies or medical condition to be aware of:

Insurance Information

Company _____

Group Number of Identification Number

Other Information Needed for Treatment

Date _____

Signature _____

Mailing Address: _____

Phone: Home _____ Work _____

