

MEDICAL PERMISSION FORM

To be submitted to the All-State Coordinator ASAP, but no later than January 2.

The Missouri All-State Choir will be meeting at Tan-Tar-A, Osage Beach, Missouri from 5:00 pm Wednesday, January 25, 2017 through 4:00 pm Saturday, January 28, 2017. The singer and his/her parents are responsible for all travel to and from Tan-Tar-A.

Please complete the following form and have your singer return it to his/her District All-State Coordinator no later than the first scheduled pre-Tan-Tar-A rehearsal.

_____ has our permission to attend rehearsals, etc. and the performance of the 2017 Missouri All-State Choir at Tan-Tar-A on the dates of January 25, 2017 through and including January 28, 2017.

MCDCA, MMEA, MBA, MOSTA, and IAJE assumes no liability by virtue of the above named student's participation and attendance in the All-State organization at the MMEA Conference.

If our son or daughter, whose name appears above, should require medical attention while at Tan-Tar-A, the person designated by the All-State affiliate has our permission to take our child to a doctor, hospital, or any other medical institution for necessary medical treatment.

Parent/Guardian Signature

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Please print legibly

ALL-STATE MEDICAL FORM
COMPLETE IN BLACK OR BLUE INK

Please print legibly

STUDENT NAME _____ GRADE IN SCHOOL _____

STUDENT SOCIAL SECURITY NUMBER _____ STUDENT PHONE (____) _____

PARENT/GUARDIAN NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE (____) _____ WORK PHONE (____) _____

PARENT CELL PHONE (____) _____ PARENT CELL PHONE (____) _____

EMERGENCY CONTACT

PRIMARY CONTACT _____ RELATIONSHIP _____ PHONE (____) _____

SECONDARY CONTACT _____ RELATIONSHIP _____ PHONE (____) _____

PHYSICIAN _____ PHONE (____) _____

INSURANCE COMPANY _____ GROUP# _____

IDENTIFICATION NUMBER _____

Please attach of copy of students driver license or school identification

Please attach the front and back of health insurance card

(CONTINUED ON BACK)

Please list any medications the student is currently taking:

Please list any allergic reaction(s) to any medications:

Please list below any medical information you feel we should know that will be helpful in case of an emergency:

MMEA, MBA, MCDA, MoASTA, and/or MOAJE assume no liability by virtue of the above named student's participation and attendance in the All-State organization at the MMEA Conference.

If my son/daughter, _____ should need medical attention while at the Tan-Tar-A Resort attending the MMEA Conference, the person designated by the All-State affiliate has our permission to take our child to a doctor, hospital, or any other medical institution for necessary medical treatment.

Parent/Guardian Signature _____ Date _____

THIS FORM IS NOT VALID AND YOUR CHILD WILL NOT BE ABLE TO ATTEND THE CONVENTION UNLESS THE NOTARY PORTION BELOW IS COMPLETED.

SUBSCRIBED AND SWORN TO ME THE _____ DAY _____, 20 _____

Notary Public.

Notary ID # _____

Notary Name _____

My commission expires _____