

# SWACDA HONOR CHOIRS **Notarized** MEDICAL RELEASE FORM

This form will be kept by the individual Honor Choir Coordinators in the event of a medical emergency while your child is participating in the SWACDA Honor Choirs Feb. 29-Mar. 3, 2012. Insurance information must be included on this form. Insurance cards may be photocopied and stapled to this form. Please fill out the form completely and have it **NOTARIZED**. Mail the form to your Honor Choir Coordinator. **Postmark Deadline: January 15, 2012.**

***PLEASE TYPE OR PRINT LEGIBLY***

## **TO WHOM IT MAY CONCERN:**

Please be advised that I give my authorization for \_\_\_\_\_,  
(The Name of Your Child's Chaperone)

Christy Elsea, Robert Fitzgerald, Ken Griggs, Clint Pianalto, and Jeff Sandquist (SWACDA Honor Choir Chairs and Coordinator), or an appointee, to obtain medical treatment for my minor child,

\_\_\_\_\_ for the dates of February 29, March 1, 2, 3, 2012  
(Your Child's Full Name)

while participating in the SWACDA Honor Choirs in Dallas, Texas.

My Insurance Company is \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

My child is currently taking the following prescription medication(s):

\_\_\_\_\_ Dosage \_\_\_\_\_

\_\_\_\_\_ Dosage \_\_\_\_\_

\_\_\_\_\_ Dosage \_\_\_\_\_

for medical reason(s) \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone #(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Gaurdian Phone #(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ or (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Notary Seal: Signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Witness my my hand and seal: \_\_\_\_\_

(Notary Public)

My commission expires: \_\_\_\_\_