ACDA Honor Choir Medical Permission Form and Liability Waiver

KyACDA Fall Convocation and All-State Chorus Bowling Green, Kentucky, November 1, & 2 2013

Required of all participants. Please type or print in black ink.

Participant's Name:					
(Last)		(First)		(Middle)	
Health Insurance Provider:		Policy No.:			
Please list all prescription medication	ns you are currently or m	ay be taking:			
Name:		Dosage:		Frequency:	
Name:		Dosage:		Frequency:	
Please list any known food, drug, a	nimal or environmental al	lergies:			
	participant is currently red Insulin pump ADD	ceiving medical treat Fainting Depression	ment: Inhaler Other:	Auto Immune Disorder	
Please list any other medical conditi	ons for which the particip	ant is being treated:			
Physicians Name:		Office Phone Number: ()			
address:			Cell Phone Number: ()		
The designated Honor Choir Chair, has my permission to administer (du				the designated chaperone (if other than a parent) ipant if warranted:	
Please circle:	Tylenol	Ibuprofen			
If you wish to be called before any o	over the counter medication	on is dispensed, pleas	se initial here:		
Kentucky, November 1, & 2 2013, Ky my permission to treat on site of treatment, and I here by authori administering medical treatment to I hereby release, indemnify volunteer workers, students, agent related to my/my child's participating Participating in any activity proper care of oneself. Despite poccur as a result of participating i State Choir. I also hereby ackno agents and assigns assume no liability KyACDA All-State Choir. My signature on this form in agreement shall be construed and exclusive jurisdiction, and I consen	ACDA All-State Choir or take said participant ze the release off medic to the participant. and hold harmless the sand assigns from any a con in the KyACDA All-States an acceptance of some recautions, accidents and in the KyACDA All-State wledge that the Americanty whatsoever for personal dicates that I have read, enforced in accordance to the jurisdiction of the as broad and inclusive shall continue in full legal	Coordinators; Darre to a doctor, hospical information included and all liability, damage to the Choir in Bowlin risk of injury. I again injuries may occur to Choir; therefore, I choral Directors all injuries or proper understood, and from the With laws of the See State of Oklahom to a spermitted understood and the control of the State of Oklahom to a spermitted understood and the	ell Parks and Rebectial, or any other aded on this docu Directors Associating, claim of any rig Green, Kentucky, ree that my/my chand injury and/of assume all risks: Association, its try damage that moreely signed this attate of Oklahoma, a and of the court right the laws of the	tion ("ACDA"), its trustees, employees, nature whatsoever arising out of or in any way initid's safety is primarily dependent upon taking or loss or damage to personal property may related to participating in the KyACDA Allrustees, employees, volunteer workers, students hay arise out of my/my child's participation in the agreement. I expressly agree that this, with Oklahoma County being the court of ts of Oklahoma County. I agree that this State of Oklahoma so that if any portion	
Parent/Guardian Name (Please	Print):		Home	Phone; ()	
				ne: ()	
Signed in my presence this					
Witness my hand and seal this _					
Notary Public:	-		Seal		

My Commission Expires: ____