

California American Choral Directors Association ("ACDA") Honor Choir

Medical Permission Form and Liability Waiver

All-State Honor Choir - Pasadena, California - March 22, 23, 24, 2012

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

Participant's Name: _____
(First) (Middle) (Last)

Health Insurance Provider: _____ Policy Number: _____

List all prescription medications participant is currently or might be taking:

Name: _____ Dosage: _____ Frequency: _____ Reason: _____

Name: _____ Dosage: _____ Frequency: _____ Reason: _____

List any known food, drug, animal, or environmental allergies: _____

Circle any conditions for which the participant is currently receiving medical treatment:

- Insulin Dependent Insulin pump Fainting Inhaler Auto Immune Disorders
ADHD ADD Depression Other:

List any other medical conditions for which the participant is being treated: _____

Physician's Name: _____ Office Phone: (_____) _____

Address: _____ Home Phone: (_____) _____ Cell Phone: (_____) _____

The designated Honor Choir Chair, Honor Choir Chair Assistants, and/or Honor Choir Coordinator, and the designated chaperone (if other than a parent) have my permission to administer (dual person observed and documented) the following to the participant if warranted:

(Circle) Tylenol Ibuprofen Imodium Dramamine Pepto-Bismol Maalox Tums Other:

If you wish to be called before any over the counter medication is dispensed, please initial here: _____

If the participant listed above should require medical attention while participating in the California ACDA All-State Honor Choir in Pasadena, California, March 22, 23, 24, 2012, Shirley Nute, Honor Choir Coordinator; Tammi Alderman, John Sorber and Anthony Dehner, Honor Choir Co-Chairs and the designated chaperones have my permission to treat on site or take said participant to a doctor, hospital, or any other medical facility for necessary medical treatment, and I hereby authorize the release of medical information included on this document to the health care provider administering medical treatment to the participant.

I hereby release, indemnify and hold harmless the American Choral Directors Association ("ACDA"), its trustees, employees, volunteer workers, students, agents and assigns from any and all liability, damage, claim of any nature whatsoever arising out of or in any way related to my child's participation in the California All-State Honor Choir in Pasadena, California.

Participating in any activity is an acceptance of some risk of injury. I agree that my child's safety is primarily dependent upon taking proper care of oneself. Despite precautions, accidents and injuries may occur and injury and/or loss or damage to personal property may occur as a result of participating in the California ACDA All-State Honor Choir; therefore, I assume all risks related to participating in the California ACDA All-State Honor Choir. I also hereby acknowledge that the American Choral Directors Association, its trustees, employees, volunteer workers, students, agents and assigns assume no liability whatsoever for personal injuries or property damage that may arise out of my child's participation in the California ACDA All-State Honor Choir.

My signature on this form indicates that I have read, understood, and freely signed this agreement. I expressly agree that this agreement shall be construed and enforced in accordance with laws of the State of Oklahoma, with Oklahoma County being the court of exclusive jurisdiction, and I consent to the jurisdiction of the State of Oklahoma and of the courts of Oklahoma County. I agree that this waiver and release is intended to be as broad and inclusive as permitted under the laws of the State of Oklahoma so that if any portion hereof is held invalid, the balance shall continue in full legal force and effect.

This form must be signed in the presence of a Notary Public.

Parent/Guardian Name (Print): _____ Signature: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Work Phone: (_____) _____ Other Phone: (_____) _____

Signed in my presence this _____ day of _____ (month), _____ (year).

Witness my hand and seal this _____ day of _____ (month), _____ (year).

Notary Public: _____ Notary Seal:

My Commission Expires: _____

This is not a legal document without the signature and seal of a Notary Public.