## North Carolina High School All-State Chorus Medical Release Form

I, the parent/guardian of		give my permission to the sto act as guardian, if I cannot be contacted in the event of		
accident or medical emergency involving my child. Also, in the event of emergency, she has my permission to obtain medical treatment for the proper care and well-being of my child.				
		Parent/guardian signatu	ıre	
Date	School (name in fu	11)		
Teacher				
Please list any known allergies or	medical conditions we nee	ed to be aware of:		
Please list any medications you ch	aild is currently taking regu	ılarly		
Emergency Information				
PLEASE PRINT				
Name of Parent/Guardian				
Telephone numbers	Home	Work	Cell	
Emergency Contact Person				
Emergency Phone Numbers	Home	Work	Cell	
<u>Stude</u>	nt-Parent Acknowledg	ement Statement		
Each student will be prepared on a student will be well-mannered and They will attend ALL rehearsals of	d respectful of others and a	bide by his/her school's Code	e of Conduct.	
Signed,	Student			
Date				