

OKLAHOMA CHORAL DIRECTORS ASSOCIATION

All-State Choirs

Medical Permission Form: (PRINT AND MAIL HARD COPY with ACCEPTANCE)
January 11-13, 2018

This Medical Release form is for _____

I, the undersigned, give permission for my child to participate in the OCDA All-State Choir Festival on January 11, 12, 13, 2018 in Oklahoma City.

1. I understand that if my child cannot perform the OCDA music satisfactorily upon arrival at the OCDA All-State Choir Festival, he/she will be sent home.
2. I accept the responsibility of arranging for necessary housing, chaperoning, and protection of property as it relates to my child.
3. I understand that my child must stay at the festival hotel two room nights, January 11 and 12, 2018, at the Renaissance, Marriott Courtyard, or the Residence Inn Hotel in Oklahoma City, OK.

I understand that in case of emergency, every effort will be made to contact me. However, I give my permission for proper medical attention to be given to my child if the Oklahoma Choral Directors Association Committee Members cannot reach me and medical treatment needs to be pursued. I am aware that in the event of necessary medical treatment, my medical coverage will be employed.

Name of Parent or Guardian (print)

Signature of Parent or Guardian

Home (land line) Phone: _____

Parents' cell phones: _____

Parent's cell phone: _____

Insurance Carrier Name

Policy Number

If your child has a medical condition of which we should be aware, please explain on back.