

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. 24-27, 2010. 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, 2010.**

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)

Robert Fitzgerald, Ken Griggs, Jana Fox, Stacy Weger, 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 24, 25, 26, 27, 2010
(Your Child's Full Name)

while participating in the SWACDA Honor Choirs in Denver, Colorado.

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/Guardian Phone #(_____) _____ - _____ or (_____) _____ - _____

Parent/Guardian Signature _____

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

Witness by my hand and seal: _____

(Notary Public)

My commission expires: _____