



ACDA National Honor Choirs Medical Form

Participant's Name: _____
Last First Middle

Honor Choir (circle one): High School SATB High School SSAA Jr. High/Middle School Elementary

Health Insurance Provider: _____ **Policy Number:** _____

MEDICATIONS

List all prescription medications you are currently on or might be taking:

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

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

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

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

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Insulin Dependent | <input type="checkbox"/> Inhaler | <input type="checkbox"/> ADD |
| <input type="checkbox"/> Insulin pump | <input type="checkbox"/> Auto Immune Disorders | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> ADHD | <input type="checkbox"/> Other: _____ |

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

Physicians Name: _____ **Office Phone:** _____

Address: _____

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

Our COVID-19 policy can be found on the same page as the download of this form or under the FAQs section on the conference webpage at www.acda.org/conferences

By initialing here, you have reviewed and agree to the COVID-19 conference policies: _____

If the participant listed above should require medical attention while participating in the Honor Choir in Cincinnati, OH from February 22-25, 2023, Jared Berry, Honor Choir Chair, or another designated chair has 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/my child's participation in the Honor Choir in Cincinnati, OH.

Participating in any activity is an acceptance of some risk of injury. I agree that my/my child's safety is primarily dependent upon taking proper care of oneself. Despite precautions, accidents and injuries may



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occur and injury and/or loss or damage to personal property may occur as a result of participating in the Honor Choir; therefore, I assume all risks related to participating in the 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/my child's participation in the 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)	_____
Parent/Guardian Signature	_____

Home Phone	_____	Cell Phone	_____
Work Phone	_____	Other Phone	_____

REQUIRED NOTARY PUBLIC SECTION:

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.
A scanned PDF of this executed and notarized Release or a copy thereof
shall be deemed as an original for all purposes.***