

AR-ACDA 2018 HONOR CHOIR
Notarized MEDICAL RELEASE FORM

This form will be kept by the Honor Choir Coordinators in the event of a medical emergency while your child is participating in the AR-ACDA Treble Honor Choir July 23-24, 2018.

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: June 15, 2018.**

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)

Jeremy Hall, Jessica Rodrigue (AR-ACDA Honor Choir Coordinators), or an appointee, to obtain medical treatment for my minor child, _____

(Your Child's Full Name)

for the dates of July 23 and 24, 2018 while participating in the AR-ACDA Treble Honor Choir in Little Rock, AR.

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: _____

(seal here)