



MVHS CHOIR TOUR MEDICAL AUTHORIZATION RELEASE FORM

Chicago, Il ~ April 5 – April 8, 2018

Student's Name: _____
Last Name First Name Middle Initial

Home Address: _____
Street, City, State, Zip Student Cell

Parent or Guardian: _____
Last Name First Name Middle Initial Relationship

Cell Phone Home Phone Work Phone Email

Additional Emergency Contact: _____
Last Name First Name Middle Initial Relationship

Cell Phone Home Phone Work Phone Email

Insurance Company: _____
Name Policy Number Phone #

Family Physician: _____
Name Phone #

Check all applicable conditions of the student and explain:

- | | |
|--|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Heart trouble or murmur |
| <input type="checkbox"/> Allergy to bee Stings | <input type="checkbox"/> Joint, bone or back problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Respiratory/Sinus Problems |
| <input type="checkbox"/> Bowel or bladder problems | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Car/Sea Sickness | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Epilepsy or Convulsive disorder | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Hay fever | <input type="checkbox"/> ADD or ADHD |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Other |

Food Allergies:

Explain:

Medication: _____
Name of Medication Dosage Reason

Medication: _____
Name of Medication Dosage Reason

Medication: _____
Name of Medication Dosage Reason

NOTE: Please list all instructions and additional information on the back of the form

Parental Authorization

The student's medical conditions stated in this form are complete and correct. I hereby give permission to the Mission Viejo High School Choral Program to administer First Aid and to arrange for medical care or treatment in case of emergency. I understand the nature of activities that my student will experience throughout the duration of his/her time and I give full permission for them to participate during any and all events. I understand that I will be liable for any additional expenses outside the initial cost of the trip. This may include, but not limited to, recreational or medical expenses.

Signature of Student

Date

Signature of Parent/Guardian

Date

RETURN TO TEACHER