

Central Oklahoma Homeschool Choirs, Inc.
Field Trip and Medical Release Form

(One form PER STUDENT. A family with multiple students enrolled will need to complete a form PER STUDENT.)

Section 1: Student Information

Name: _____ Date of Birth: _____
Street Address: _____ City: _____ Zip Code: _____
Student email: _____
Choir Location (circle one): Edmond OKC Norman Choctaw
Choir (circle one): Music Experience Principio Illuminati Bella Voce

Section 2: Emergency Contacts

Primary Contact: _____ Relationship: _____ Phone Number: _____
Primary email: _____
Secondary Contact: _____ Relationship: _____ Phone Number: _____

Section 3: Medical Information

Hospital/Clinic Preference: _____ Last Tetanus Booster: _____
Physician's Name: _____ Phone Number: _____
Insurance Company: _____ Policy Number: _____
Allergies/Special Health Considerations: _____
Current Prescription Medication Name and How Often: _____

As the parent/legal guardian of _____, I hereby give permission for the aforementioned student to receive appropriate medical attention necessary in the event of an accident, injury or sickness. I authorize all licensed physicians, dentists, technicians, nurses and other medical staff to perform any diagnostic, treatment or X-ray procedures to the aforementioned minor. I hereby assume responsibility for the costs of those medical treatments. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency and is valid from August 27, 2018 to May 8, 2019.

Parent's/Guardian's Signature: _____ **Date:** _____

I release COHC and individuals from liability in case of accident during activities related to COHC as long as normal safety procedures have been taken.

Parent's/Guardian's Signature: _____ **Date:** _____

Field Trip Release

I give permission for my child to travel with COHC on all trips and tours during the 2018-2019 school year. This permission does not force attendance, but only gives the freedom to attend. All COHC trips are directly supervised by adults at all times.

Parent's/Guardian's Signature: _____ **Date:** _____

