

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~~ 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 12, 2020 to May 4, 2021.

**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 2020-2021 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:** \_\_\_\_\_