

**Medical Release Form
NCMS Honors Chorus 2019**

Student's Name _____

School Name _____

Parent's Name _____

Parent's Phone: Day _____ Evening _____ Cell _____

Director's Name: Allison Wrenn Thomas

List any medications the student needs to take while at Honors Chorus:

Are there other special medical conditions or instructions (including the administration of any medications) concerning your child's health which need to be brought to the attention of the NCMEA Middle School Honors Chorus? _____ If yes, please explain:

Is your child allergic to any medications? _____ If yes, please explain:

Please check ONE of the two statements below:

____ I have insurance coverage for my child (name of carrier and policy # are optional)

Health Coverage Carrier _____ Policy # _____

____ I do not currently have insurance coverage for my child, but still give permission for him/her to be given emergency treatment in case of an accident or illness. I will assume all financial responsibility for any medical services rendered.

Parent Signature _____ Date _____