

**ZIONSVILLE COMMUNITY HIGH SCHOOL SHOW CHOIRS**  
**Parent Permission & Medical Consent Form**

**Parent Release for:**

Pike HS Competition: *Saturday, February 8, 2020*  
Franklin Central HS Competition: *Saturday, February 22, 2020*  
 Mooresville HS Competition: *Saturday, February 29, 2020*  
HOA Nashville Competition: *Thursday, March 5 - Sunday, March 8, 2020*

I, parent / guardian of \_\_\_\_\_ (student name), request that my child be allowed to participate in the field trip activities as described above on the dates stated above.

Parent / Guardian name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

In case of emergency, contact telephone number: \_\_\_\_\_

Alternate telephone number: \_\_\_\_\_

**Medical Consent:**

In the event that I cannot be contacted, I hereby authorize medical and hospital care and treatment deemed necessary by a duly licensed physician for the health and well being of the above-mentioned student. I also authorize the transportation of said participant to the necessary facility to receive medical care. This authorization shall be in effect during the above-stated field trip dates.

For reference:

Name of Family Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Problems:                  epilepsy                   heart condition                   diabetes

Allergies: \_\_\_\_\_

Other health conditions: \_\_\_\_\_

Medicine currently taken (please list all prescription medications being used as well as over-the-counter med's used regularly):

\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

*I give permission for my child to receive basic over-the-counter meds (i.e. aspirin or non-aspirin, benadryl, pepto bismol, etc.)*

PARENT INITIALS: \_\_\_\_\_

*I solemnly affirm that I have read the above consent form and that the answers I have provided to all of the questions are true to the best of my knowledge and belief. I hereby declare my understanding of the authorization for treatment herein, and declare my legal responsibility for the above-named student's personal well being. I hereby waive all provisions of law regarding personal liability of the Zionsville Community High School Show Choirs Entourage for emergency medical and hospital care and treatment which may be provided under this authorization.*

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_