

# MEDICAL RELEASE

A Doctor's Certificate is NOT required. (This form is to be completed by parent/guardian-regardless of your age)

STUDENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Student taking any medication? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, list below:

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List any allergies: (including food, medicines, etc.):

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Does student have any dietary restrictions or considerations that we need to be aware of: (Religious, allergies, vegetarian, etc.):

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MEDICAL INSURANCE COMPANY COVERING STUDENT \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ GROUP: \_\_\_\_\_

PRIMARY INSURED MEMBER'S NAME: \_\_\_\_\_

In the event I cannot be reached in an emergency, I hereby give permission to the NMACDA director/chaperones to secure proper medical treatment, and if necessary, to transport by ambulance, hospitalize, and to order injection, anesthesia or surgery for my child listed on this form.

PARENT/GUARDIAN IS RESPONSIBLE FOR ALL MEDICAL COSTS INCURRED DURING THIS EVENT.

PARENTS'/GUARDIANS' NAME: \_\_\_\_\_

PARENTS'/GUARDIANS' SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

# PHOTO RELEASE

I hereby grant permission to NMACDA to use photographs and/or video of me taken at the NMACDA Elementary/Youth Choir Conference online and in other communications related to the mission of NMACDA.

PARENTS'/GUARDIANS' NAME: \_\_\_\_\_

PARENTS'/GUARDIANS' SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_