

MDYC TOUR MEDICAL PERMISSION SLIP

The chaperones of the Metropolitan Detroit Youth Chorus have my permission to authorize and obtain medical treatment for my child _____ in the event of any illness or injury while under their care (March 31 through April 8, 2018).

Parent or Guardian Signature _____ Date _____

Responsible Party:

Name _____

Address _____

Telephone (_____) _____ daytime

(_____) _____ evening

Alternate person in case of emergency if parent or guardian cannot be reached.

Name _____

Address _____

Telephone (_____) _____ daytime

(_____) _____ evening

Medical Insurance _____

Policy Number _____

Subscribers Name _____

My child is on the following medication and has my permission to keep his/her medication and accept responsibility for it.

Medication _____

My child has my permission to take over-the-counter medications dispensed by an adult **with the following exceptions:**

Please list any other condition(s) you feel might impact on the quality of your child's tour

Drug Allergies _____

Chorus Member Cell Phone Number _____

**THIS FORM MUST BE BROUGHT THE
MORNING OF DEPARTURE 03-31-2018**