

**Olympia Youth Chorus
Permission Form and Medical Release**

My child (name) _____ has my permission to participate in the OYC Chamber Choir Retreat at Crystal Mountain, September 13 and 14, 2008.

During this time I (parent /guardian) may be reached at the following:

Home phone: _____ (mom) _____ (dad)

Cell phone: _____ (mom) _____ (dad)

Pager: _____ (mom) _____ (dad)

If we cannot be reached in case of an emergency, the following person is authorized to act on my (our) behalf:

Name _____ Relationship: _____

Home phone: _____ Cell phone: _____

Physician's name: _____ Phone: _____

Dentist's name: _____ Phone: _____

Medical Insurance: _____ Policy/Group # _____

Allergies of my child: _____

Allergies to any medication: _____

Any medications currently being taken and dispensing protocol: _____

Any other physical or mental limitations of my child that the OYC staff/chaperones should be aware of: _____

In case of emergency, efforts will be made to contact parents, but if a parent cannot be reached, I hereby authorize the supervisor to give consent for hospitalization, secure proper treatment for, and approve injection, anesthesia, or surgery for my child.

X _____
Parent/Guardian Signature Date