San Diego County Youth Barbershop Chorus
Parental Permission & Emergency Medical Form
for participants under 18 years of age

_____ has my permission to attend the rehearsals of the San Diego County Youth Barbershop Chorus at the designated locations, and I hereby authorize the program administrators to arrange for any necessary medical treatment in the event of a medical emergency. (Editable fields may be filled in by computer, but print out to sign.)

_____ _____ _____
Parent or Guardian (please print clearly) Phone Number Date

_____ _____ ___ _____
Address City St ZIP

The participant will be traveling to and from the event with (check one):

◯ Parent or Guardian _____
signed (parent or guardian)

◯ Other Adult Supervision _____
name of adult driver over 18 ◯ Teacher ◯ Other

_____
signed (responsible adult driver)

_____
signed (parent or guardian)

◯ Student is authorized to drive by himself _____
signed (parent or guardian)

Special Medical Information (optional) - If you need to make us aware of any special medical conditions:

_____

_____

Permission is granted to use photos and videos: ◯ Yes ◯ No. With name: ◯ Yes ◯ No _____(init)

This form must be mailed or brought to the event with signatures. See event application for instructions.