

Permission Slip/Release of Liability/Medical Information

Event: Marin Girls Chorus Fall Retreat **Date:** October 9, 10 & 11, 2015

Please check all that apply:

MGC Singer Name: _____ Chorus Level: _____

Parent Chaperone Name: _____

I can help carpool To From Both I can take passengers

I need a ride To From Both

Enclosed is my check for \$_____, payable to MGC I will pay online via website

RELEASE OF LIABILITY

As the parent or legal guardian, I hereby give my permission for my child/ren noted below to participate in the Marin Girls Chorus Fall Retreat, Oct. 9, 10 & 11, 2015, and accept all risks associated with my child/ren's participation. I agree, on behalf of myself and my children, to release Marin Girls Chorus and its directors, employees, independent contractors, volunteers, officers and affiliates, and Westminster Woods Camp and Conference Center, from all liability in the event of any accident, loss or injury. I authorize MGC staff and chaperones to seek medical attention for my child and give permission for my child to receive emergency medical care if needed. If my child receives emergency medical attention, I expect to cover my child's health care costs and related expenses. I understand that, should medical help be needed for my child, every attempt will be made to contact me as soon as possible.

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____

In case of emergency, I can be reached at:

Home: _____ Work: _____ Cell: _____

If I cannot be reached, below are alternative emergency contacts:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

HEALTH AND MEDICAL INFORMATION

MY CHILD HAS THE FOLLOWING MEDICAL CONDITIONS: _____

MY CHILD TAKES THE FOLLOWING MEDICATIONS: _____

HEALTH INSURANCE PROVIDER: _____

POLICY NUMBER: _____

PHYSICIAN'S TELEPHONE: _____