

CONSENT FORM - TRAVEL/MEDICAL TREATMENT
(due on Tuesday, September 6, 2011)

Valid September 6, 2011 - June 6, 2012

Please use **black ink** when filling out all forms

J. J. H. Choirs
Jenison Junior High
8295 20th Ave.
Jenison, MI 49428

(616) 667-3254

I give _____ permission to travel by school transportation to various choir events such as concerts and rehearsals off-campus.

Child's Name _____	Father's Name _____
Date of Birth _____ age _____	Work Phone _____
Address _____	Home Phone _____
	Cell Phone _____
City _____ State _____ Zip _____	Mother's Name _____
Phone _____	Work Phone _____
	Home Phone _____
	Cell Phone _____

Parent email address: _____

With whom does student reside? _____

In the event parent/guardian cannot be reached, please contact the following person:

Name _____ Phone _____
Relationship _____

Child's Physician _____
Address _____
City _____ State _____ Zip _____
Emergency Phone _____

Allergies, Medications etc.: (please list)

Insurance Carrier and Policy Number _____

I hereby authorize the medical treatment of my minor child: _____
In the event I cannot be reached in a situation that demands immediate medical attention, I also authorize an adult representative of Jenison Junior High to act on my behalf.

Signature: _____ Date _____
(parent, legal guardian, or parent with custody)

Hour _____ Grade _____ Choir _____