

Parental Consent for Participation/Medical Treatment

School Related Event: All Choir Related Events
Date of Event: 2018-18 School Year
Approximate Time of Departure: TBA
Approximate Time of Return: TBA
Method of Transportation: TBA

Student Name: _____ Birth Date: _____

Address: _____

Parent Phone: _____

Allergies/Medical Conditions: (All info shared on a need to know basis only):

I/we, being the parent(s) or legal guardian(s) do hereby grant permission for the activity as detailed above. I/we also grant permission for medical care, dental care, surgical care, or hospitalization to be provided if, in the opinion of a chaperone or medical personnel, it is deemed necessary.

It is also understood that the Jenison High School Discipline Policy, as detailed in the Jenison High School Handbook/Planner, is in force during every school sponsored activity. If you have any questions, or if you would like a copy of the Jenison High School Discipline Policy, please call the high school office, 457-3400.

Parent/Guardian Name: _____ Date: _____

Contact Numbers (home): _____ (work): _____

Parent/Guardian Signature: _____

Medical Insurance Coverage Information

Insurance Company: _____

Contract or I.D. Number _____

Family Physician: _____

Physician Telephone: _____

This form is due Wednesday, August 28.