

CONSENT FORM - TRAVEL/MEDICAL TREATMENT

(due on Tuesday, August 20, 2019)

Valid August 20, 2019 - June 3, 2020

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 _____