

OkMEA All-State Children's Chorus/Circle the State with Song

Medical Permission Form

Please type or print clearly all requested information in the highlighted boxes.

Student Information			
Name:		CTSWS Region:	
School:		Teacher:	
School Address:			
City:		Zip Code:	
Medical Condition(s):			

Please type or print clearly all requested information in the highlighted boxes.

Parent/Guardian Information			
Name:		Cell Phone: <small>(with area code)</small>	
Home Phone: <small>(with area code)</small>		Other Phone: <small>(with area code)</small>	
Address:			
City:		Zip Code:	
E-mail:			
Insurance Company:		Policy Number:	

I understand that, in case of emergency, every effort will be made to contact me. However, I give my permission for proper medical attention to be given to my child if the Oklahoma Music Educators Association committee members cannot reach me and medical treatment needs to be pursued. I am aware that in the event of the necessary medical treatment for my child, my medical coverage will be employed.

Parent/Guardian Signature:

Date:

OkMEA All-State Children's Chorus/Circle the State with Song

Media Release Form

Participant's Name: _____ of CTSWS Region _____ has my permission to be part of photographs taken by professional photographers as a memento of Circle the State with Song and/or OkMEA All-State Children's Chorus experiences.

He/she may be included in the video recording made during the Circle the State with Song festival concert and/or the All-State Children's Chorus concert.

Parent/Guardian Signature:

Date: