

San Diego County Youth Barbershop Chorus Parental Permission & Emergency Medical Form

_____ has my permission to attend the
Participant's Name
rehearsals of the San Diego County Youth Barbershop Chorus at the designated locations, and I hereby
authorize the chorus administrators to arrange for any necessary medical treatment in the event of a
medical emergency.

_____ () _____
Parent or Guardian (please print clearly) Phone Number Date

Address City St ZIP

The participant will be traveling to and from the event with (check one):

() Parent or Guardian _____
signed (parent or guardian)

() Other Adult Supervision _____
signed (responsible adult driver)

() Student is authorized to drive by himself _____
signed (parent or guardian)

Special Medical Information (optional) - If you need to make us aware of any special medical
conditions:
