

California American Choral Directors Association (ACDA) Honor Choir  
Medical Permission Form and Liability Waiver  
All State Honor Choir – San Jose, CA - February 15-17, 2018

**Required of all participants. Please print in blue or black ink.**

Participant's Name: \_\_\_\_\_ School: \_\_\_\_\_  
(First) (Last)

Health Insurance Provider: \_\_\_\_\_ Group ID/#: \_\_\_\_\_  
(if no insurance, please write "none")

Name of Policy Holder: \_\_\_\_\_ Member ID/#: \_\_\_\_\_

List all prescription medications you are currently or might be taking:

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_ Reason: \_\_\_\_\_  
Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_ Reason: \_\_\_\_\_  
Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_ Reason: \_\_\_\_\_

List any known food, drug, animal, or environmental allergies: \_\_\_\_\_

Circle any conditions for which the participant is currently receiving medical treatment:

Insulin Dependent      Insulin pump      Fainting      Inhaler  
Auto Immune Disorders      ADHD      ADD      Depression  
Other: \_\_\_\_\_

List any other medical conditions for which the participant is being treated: \_\_\_\_\_  
\_\_\_\_\_

Physicians Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

The designated Honor Choir Chair, Honor Choir Chair Assistant, and/or Honor Choir Coordinator, and the designated chaperone (if other than a parent) have my permission to administer (dual person observed and documented) the following to the participant if warranted:

**(Circle)** Tylenol Ibuprofen Imodium Dramamine Liquid Antacid Tums Other: \_\_\_\_\_

**If you wish to be called before any over the counter medication is dispensed, please initial here: \_\_**

If the participant listed above should require medical attention while participating in the California ACDA All State Honor Choir in San Jose, California, February 15-17, 2018 Molly Peters, Honor Choir Coordinator; Amanda Isaac, Junior High All-State Coordinator, and the designated chaperone have my permission to treat on site or take said participant to a doctor, hospital, or any other medical facility for necessary medical treatment, and I hereby authorize the release of medical information included on this document to the health care provider administering medical treatment to the participant.

**I hereby release, indemnify and hold harmless the American Choral Directors Association (ACDA), its trustees, employees, volunteer workers, students, agents and assigns from any and all liability, damage,**

claim of any nature whatsoever arising out of or in any way related to my/my child's participation in the California All-State Honor Choir in San Jose, California.

Participating in any activity is an acceptance of some risk of injury. I agree that my/my child's safety is primarily dependent upon taking proper care of oneself. Despite precautions, accidents and injuries may occur and injury and/or loss or damage to personal property may occur as a result of participating in the California ACDA All-State Honor Choir; therefore, I assume all risks related to participating in the California ACDA All-State Honor Choir. I also hereby acknowledge that the American Choral Directors Association, its trustees, employees, volunteer workers, students agents and assigns assume no liability whatsoever for personal injuries or property damage that may arise out of my/my child's participation in the California ACDA All-State Honor Choir.

My signature on this form indicates that I have read, understood, and freely signed this agreement. I expressly agree that this agreement shall be construed and enforced in accordance with laws of the State of Oklahoma,<sup>1\*</sup> with Oklahoma County being the court of exclusive jurisdiction, and I consent to the jurisdiction of the State of Oklahoma and of the courts of Oklahoma County. I agree that this waiver and release is intended to be as broad and inclusive as permitted under the laws of the State of Oklahoma so that if any portion hereof is held invalid, the balance shall continue in full legal force and effect.

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Parent/Guardian Name (Print): \_\_\_\_\_

**Signature:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Completed original forms should be returned to choral director, and directors should scan the forms to amanda.isaac4music@gmail.com. All payments are to be made online here:**  
<http://calcda.org/calendar-of-events/honor-choirs/>

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<sup>1\*</sup> California ACDA is a branch of the American Choral Director's Association, the national headquarters of which are located in Oklahoma City, OK. We must therefore comply with Oklahoma state law.  
Molly Peters, California ACDA Honor Choir Chair 26255 W Valencia Blvd, Stevenson Ranch, CA 91381