



Jacksonville
CHILDREN'S CHORUS
Inspiring Excellence in Young Singers

Trip Permission, Medical Attention Authorization, and Complete General Release

I, _____, being the parent or legal guardian of _____, do hereby give my permission for him/her to travel by bus, car or other appropriate means of transportation, as determined by the officers of the Jacksonville Children's Chorus, with members of the Jacksonville Children's Chorus to and from all performances and rehearsals during the 2020-2021 performance year and in consideration of the foregoing transportation services hereby release and hold harmless the Jacksonville Children's Chorus, its officers, and designated chaperones from any and all liability for personal injuries and/or property damages resulting from or occurring during transportation to and from Jacksonville Children's Chorus activities and/or from my child's participation in Jacksonville Children's Chorus activities.

Furthermore, I hereby authorize, in the event of illness or accident in the course of such activities, medical care without delay, which in the judgment of the Jacksonville Children's Chorus, its officers and designated chaperones, is dictated by circumstances and/or recommended by medical personnel. Also, I hereby authorize the Jacksonville Children's Chorus, its officers, or designated chaperones to transport my son/daughter to a medical facility for necessary care in the event of an emergency or illness while he/she is engaged in any Jacksonville Children's Chorus activity with the understanding that the above-referenced release is applicable. I also grant authorization to any emergency room facility to administer necessary medical care in the event of an accident or illness requiring such care while my child is engaged in Jacksonville Children's Chorus activities. I understand that, should this be necessary, I will be informed of my child's condition and care at the earliest possible time by the Jacksonville Children's Chorus, its officers, or designated chaperones. I further understand that I am financially responsible for any and all expenses resulting from the foregoing emergency treatment and/or doctors' care and that the Jacksonville Children's Chorus, its officers, or designated chaperones will be indemnified and held harmless by the undersigned for such expenses.

Please list any allergies your son/daughter may have: _____

Please inform us of your son/daughter's special medical needs: _____

Emergency Information	Singers Home Phone:
Family Doctor:	Phone:
Family Dentist:	Phone:
Fathers Employer:	Phone:
Mothers Employer:	Phone:
Additional Emergency Contact:	Phone:

Signed: _____

Date: _____

Parent or Legal Guardian

STATE OF FLORIDA, COUNTY OF _____,

SWORN TO BEFORE ME, a Notary of Public, by said _____ personally known

to me this _____ day of _____, 20____

Notary Public _____

My Commission Expires: _____