

**Alpharetta High School Chorus
Consent Form**

I, the undersigned, parent or legal guardian of _____, a minor, do hereby give permission for him/her to participate in Chorus activities outside the school day, throughout the 2009-2010 school year. I release the director and chaperones from liability in the event of an accident.

I give permission for the director and/or chaperones to seek medical treatment for my child in the event that a parent cannot be reached.

Student's name: _____

Address: _____

Date of birth: _____ Last tetanus/diphtheria booster: _____

Allergies to food or drugs: _____

Any special medications or pertinent information:

Parent or legal guardian: _____

Telephone: Home _____ Business _____

Cell phone _____

Emergency contact name _____ Phone _____

Family physician: _____ Phone: _____

I certify that my child is covered by the following insurance:

Policy Number _____ Carrier _____

Parent's signature _____ Date _____

- Please print this form
- attach a copy of your insurance card
- complete and return to Mr. Yackley.