

*The 2019 DIXIE DISTRICT
HARMONY EXPLOSION CAMP*

Chattanooga, Tennessee – Thursday, July 10 until Sunday, July 13, 2018

Parental Consent and Emergency Medical Form

This form must be in the possession of the Camp Administrator or the student will not be allowed to attend.

Youth Name: _____ **Date of Birth:** _____

(please print)

has my permission to travel to and participate in the 2019 Dixie District Harmony Explosion Camp. In an emergency, and after attempts at notification, I hereby authorize medical personnel to administer treatment or procedures that in their judgment may be necessary for him. I authorize any attending music educator or camp administrator to act in my behalf.

Parent/Guardian: _____ **Print Name:** _____ **Date:** _____

Signature

Phones: () _____ home () _____ work () _____ cell

(You will be notified should it become necessary to refer the above named youth to a medical facility)

Family Physician:

Name: _____

Address: _____

City, State, Zip _____ **Phone:** _____

Health Insurance Company:

Name: _____ **Policy #** _____

Address: _____

City, State, Zip _____ **Phone:** _____

Allergies or restricted medications/medications used/notes:
