

Fort Calhoun Community Schools

Vocal Music Department

Parent Permission Form

_____ Has my/our permission to participate in and travel to all activities of the Vocal Music Department for the 2013-2014 school year.

Parent Signature

Emergency: We may contact _____ at:

Place _____ Phone _____ (Daytime)

Place _____ Phone _____ (Evening)

In case of emergency and no one can be reached at the above number, we will contact;

Person _____ Phone _____

Relationship to student _____

Medical: In an event of an unexpected illness or injury during a vocal music activity, I authorize Mrs. Kinsey Cole to seek and secure emergency medical services for my child.

_____ (Signature)

Allergies: _____

Please state below any medical conditions of which you would like the director to be aware:

It is to be understood that, while the director and sponsors supervise all music classes and activities, the school is not responsible for the individual actions of the students.