

2019 LCMS Forum Music Festival Trip

I have been provided with details of the Forum Music Festival and give my son/daughter permission to attend this trip. If emergency medical action or treatment is required, and the parent/guardian cannot be contacted, I hereby authorize my child to be given emergency medical care as deemed necessary by school and/or medical officials. I understand that any expenses will be paid by the parent/guardian, or by insurance coverage provided by the parent/guardian, and that payment of any medical expenses is not the responsibility of the school district. I further understand all eligibility rules for the trip.

Parent/Guardian Signature

Date

I understand I must keep a 2.0 GPA, have no F's or U's or any referrals throughout the year, and fewer than 7 absences to be eligible to participate in this festival. I further understand that seating is limited and seats will be filled on an eligibility/first come first served basis

Student Signature

Date

Student and Guardian Information

Circle student ensemble: Band Choir Orchestra

Student's Last Name

First Name

Middle Initial

Home Phone

Street Address

City / State

Zip Code

Parent or Guardian

Work Phone

Cell phone

Circle student T-shirt size: S M L XL (adult sizes)

Emergency Information

Last Name (Emergency contact other than Parent)

First Name

Middle Initial

Relationship to Student

Street Address

City / State

Zip Code

Home Phone

Work Phone

Cell phone

Name of Insurance Company

Policy Number

Physician

Phone Number

Medical Information

Allergies (To food, medicine, other) Explain: _____

Additional health problems to be aware of: _____

Is the student required to take regular medication? Yes No If Yes: Please see Director for further instructions.

Comments: _____