

**Monroe County Community School Corporation  
Bloomington High School North, Bloomington, Indiana**

**Purdue Patriotic Sing-In Permission Form**

My child, named below, has my permission to participate in a trip to travel, rehearse and perform at **Purdue University** on **Saturday, September 15, 2007**. I do voluntarily consent to said student's participation, and I do hereby assume risks of loss and injury that may be incurred directly or indirectly as a result of said student's participation in the above mentioned trip. I further agree to direct my student to comply with school policies and rules.

If an accident should occur, I authorize you (Mrs. Wohlafka) to seek medical attention for my child.

**Signature of Parent/Guardian** \_\_\_\_\_ **Work phone** \_\_\_\_\_

**Child Name** \_\_\_\_\_ **Choir** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home phone** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

**HEALTH AND EMERGENCY INFORMATION**

Person to Contact if guardian cannot be reached	Family Physician
Work Address	Address
Home Telephone: _____ Work telephone: _____ Cell phone: _____	Telephone

I hereby authorize a qualified person to render such emergency medical treatment or services as may, in his/her professional judgment be necessary, for my son/daughter, \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian signature

1. List any **allergies or medical problems that should be known by the staff**:

2 List **ANY** prescription drug student is taking of which **BHSN** should be aware: \_\_\_\_\_

3 **Health Insurance Carrier & Policy #** \_\_\_\_\_

4 **Date of last tetanus shot** \_\_\_\_\_

5 **Student date of Birth: Month** \_\_\_\_\_ **Day** \_\_\_\_\_ **Year** \_\_\_\_\_