

National Honor Choir July 18-23, 2017

Minor Permission to Travel

	full nan	ne of minor child
norn on at		
Dorn on, at	place of birth	
My child	has my consent to travel with	YouthCLIE staff and sponsor
My child,full name of minor child	, hus my consent to traver with	rouneel sun und sponsor
during the following event. (Please initial next to dates below)		
July 18-23, 2017 National Honor Choir tour to V	Vashington, DC	
Any questions regarding this consent can be directed to me at :	best telephone number (inc	lude area code)
	••••• ••• <u>•</u> •••••	
Street address City		
Street address City	State	Zip code
Street address City	State	Zip code
Street address City	State	Zip code
Parent/Guardian's Signature:		
	Date:	
Parent/Guardian's Signature:	Date: e me a Notary Public this	



National Honor Choir July 18-23, 2017

Participant Medical & General Waiver

PARTICIPANT INFORMATION			
1. Legal Name:	first	middle or maiden	Gender: male female
2. Address:street address			
3. Cell phone: ()		city 4. Date of Birth:	state zip code //
5. E-mail:			
6. Emergency contact:		Phone: ()	
MEDICAL HISTORY & INFORMATION			
1. Participant's Physician:		Phone: (_)
2. Physical conditions or limitations: (for seizures, lactose intolerance, or recent s	e ,	· · ·	
3. Special Instructions: (rare blood type	e—prohibited treatment, aller	gies to penicillin, latex, sulfa dr	ugs)
4. List of medications taken regularly:			
5. Current Immunization: Tetanus	Polio date da	te None:	*include copy of current immunization record
6. Please enclose a copy of participant?			
MEDICAL INSURANCE INFORMATION			
1. Insurance Company:		2. Policy/Group Number:	
3. Name of Primary Insured:		4. Insured ID (SSN):	
5. Please <i>enclose a photocopy of your h</i>	ealth plan identification card	— <i>front and back</i> — Check if p	photocopy is enclosed
MEDICAL TREATMENT APPROVAL & O	GENERAL WAIVER		
In the event of an emergency necessitati to make such decisions regarding treatm	ing medical attention, I hereb nent which is deemed necessa	y give my consent to the Youth ry and proper under the circums	CUE staff and/or its representatives stances.
I, the undersigned participant (or parent, any and all actions, causes of actions, re assume financial responsibility for all m	lated risks and dangers, arisin	ng out of the treatment of any si	
Signature:Adult participant o	r Minor participant's parent/legal guardia	Date:	

FORM MUST BE accompanied by a copy of medical insurance card front and back and a current immunization record listing all immunizations to date.



National Honor Choir July 18-23, 2017

Arrival / Departure Information Sheet

Fill this form out completely so that we will know exactly when and where to expect you in D. C. on Tuesday, July 18, 2017. Once you have all your information and have completed the form, please email it to Tina at <u>tmccartney@youthcue.org</u> by Friday, June 30, 2017.

Your Name: _____

Your Cell Phone #: _____

Your Tee Shirt Size (has nothing to do with your travel, but you will be receiving one for the trip)

(S, M, L, XL, XXL, XXXL)

Choose **ONE** of the following three travel plans you will use to travel into D. C. before 12:00 noon on Tuesday, July 18 and travel home from D. C. before 12:00 noon on Sunday, July 23. Be sure to fill in **ALL** blank spaces under your travel plan.

I'm flying into Regan International Airport (DCA). Here is my arrival and departure information

Arrival

Airline	Flight #	Scheduled time of arrival	AM
Departure	-		
Airline	Flight #	Scheduled time of departure	AM

I'm driving into D. C. and will meet you at the National Honor Choir Hotel, no later than 12:00 noon on July 18. I will be picked up at the National Honor Choir Hotel on Sunday, July 23 no later than 12:00 noon.

I am traveling by Amtrak train to and from Union Station. Here is my arrival and departure information

Arrival		
Train	Scheduled time of arrival	AM
Departure		
Train	Scheduled time of departure	AM

Your completed forms are due to us no later than Friday, June 30, 2017. Thank you!