



# NATIONAL HONOR CHOIR 2018

## Minor Permission to Travel

I, \_\_\_\_\_, am the lawful parent/guardian of \_\_\_\_\_,

full name of parent/guardian

full name of minor child

born on \_\_\_\_\_, at \_\_\_\_\_.

Month/day/year

place of birth

My child, \_\_\_\_\_, has my consent to travel with YouthCUE staff and sponsors

full name of minor child

during the following event. (Please initial next to dates below )

\_\_\_\_\_ **July 17-23, 2018 National Honor Choir tour to Atlanta, GA, Birmingham, AL and Nashville, TN**

Any questions regarding this consent can be directed to me at : \_\_\_\_\_

best telephone number (include area code)

\_\_\_\_\_

Street address

City

State

Zip code

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FORM MUST BE NOTARIZED:** Sworn and subscribed before me a Notary Public this \_\_\_\_\_ day of \_\_\_\_\_, 2018

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_



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## Arrival /Departure Information Sheet

Fill this form out completely so that we will know exactly when and where to expect you in Atlanta on Tuesday, July 17, 2018. Once you have all your information and have completed the form, please email it to Tina at [tmccartney@youthcue.org](mailto:tmccartney@youthcue.org) by Monday, April 30, 2018.

Student's Name: \_\_\_\_\_

Student's Cell Phone #: \_\_\_\_\_

Student's 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 Atlanta, GA before 3:00pm on Tuesday, July 17 and travel home from Nashville, TN before 12:00 noon on Monday, July 23 . Be sure to fill in **ALL** blank spaces under your travel plan.

I'm flying into Atlanta International Airport (ATL). 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 Macon, GA and will meet you at the National Honor Choir Hotel no later than 3:00pm on Tuesday, July 17. I will be picked up at the National Honor Choir Hotel in Nashville, TN on Monday, July 23 no later than 12:00 noon.

**Your completed forms are due to us no later than Monday, April 30, 2018. Thank you!**

Participant Medical & General Waiver

PARTICIPANT INFORMATION

- 1. Legal Name: last first middle or maiden Gender: male female
2. Address: street address city state zip code
3. Cell phone: ( )
4. Date of Birth: month / day / year
5. E-mail:
6. Emergency contact: Phone: ( )

MEDICAL HISTORY & INFORMATION

- 1. Participant's Physician: Phone: ( )
2. Physical conditions or limitations: (food or other allergies, asthma, diabetes, dysmenorrhea, headaches, hypertension, nervousness, seizures, lactose intolerance, or recent surgery or condition restricting walking, standing, sitting, movement etc.)
3. Special Instructions: (rare blood type—prohibited treatment, allergies to penicillin, latex, sulfa drugs)
4. List of medications taken regularly:
5. Current Immunization: Tetanus date Polio date None: \*include copy of current immunization record
6. Please enclose a copy of participant's current vaccination/ immunization record—Check if photocopy is enclosed

MEDICAL INSURANCE INFORMATION

- 1. Insurance Company: 2. Policy/Group Number:
3. Name of Primary Insured: 4. Insured ID (SSN):
5. Please enclose a photocopy of your health plan identification card—front and back— Check if photocopy is enclosed

MEDICAL TREATMENT APPROVAL & GENERAL WAIVER

In the event of an emergency necessitating medical attention, I hereby give my consent to the YouthCUE staff and/or its representatives to make such decisions regarding treatment which is deemed necessary and proper under the circumstances.

I, the undersigned participant (or parent/guardian), do agree to indemnify and hold harmless YouthCUE and/or its representatives from any and all actions, causes of actions, related risks and dangers, arising out of the treatment of any sickness or accident, and agree to assume financial responsibility for all medical treatment provided during the attendance of this trip.

Signature: Date: Adult participant or Minor participant's parent/legal guardian

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