

# STATEMENT OF UNDERSTANDING

We have read the handbook and understand the expectations involved in the DMCS Vocal Music Program. We further understand that the directors are always available for consultation and should be contacted should any problems arise.

SIGNATURE OF SINGER: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

## DMCS VOCAL MUSIC MEDICAL INFORMATION FORM

My child \_\_\_\_\_ has my permission to participate in the Vocal Music Activities and go with the directors or other representatives of the school on any trips during the 2007-2008 school year.

- 1) List any physical restrictions (if any) below.
- 2) List any allergies that may effect participation while on choir trips.
- 3) List any medications that may be dispensed for headache, colds, sore throats, etc.

I give my permission for my child to receive emergency medical treatment in case of illness or injury. I further understand that I am responsible for any medical expenses.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Emergency Phone

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number and Group

\_\_\_\_\_  
Emergency Contact Name and Number