

# ACDA Honor Choir Medical Permission Form and Liability Waiver

## KYACDA Fall Honor Choirs

Richmond, Kentucky - November 10-11, 2023

Required of all participants. Please type or print in black ink.

Participant's Name: \_\_\_\_\_  
(Last) (First) (Middle)

School Name: \_\_\_\_\_ Choir Director's Name: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy No. \_\_\_\_\_

Please List all prescription medications you are currently taking:

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Please list any known allergies:

Circle and Conditions for which the student is currently receiving medical treatment:

Insulin Dependent      Insulin Pump      Fainting Inhaler      Auto Immune Disorder  
ADHD      ADD      Depression      Other:

Please list any other medical conditions for which the student is being treated:

Physician's Name: \_\_\_\_\_ Office Phone Number: (\_\_\_\_) \_\_\_\_\_

The designated Honor Choir Chair, Honor Choir Room Chair, and/or Honor Choir Coordinator and the designated chaperone (if other than a parent) has my permission to administer (dual person observed and documented) the following to the participant if warranted:

Please Circle:    Tylenol                  Ibuprofen

If you wish to be called before any over the counter medication is dispensed, please initial here: \_\_\_\_\_

If the participant listed above should require medical attention while participating in the KYACDA Honor Choirs in Richmond, Kentucky - November 10-11, 2023 KYACDA Honor Choir Coordinators; Darrell Parks and Will Mason-Walker, and the designated chaperone has my permission to treat on site or take said participant to a doctor, hospital, or any other medical facility for necessary medical treatment, and I hereby authorize the release of medical information included on this document to the health care provider administering medical treatment to the participant.

I hereby release, indemnify and hold harmless the American Choral Directors Association ("ACDA"), its trustees, employees, volunteer workers, students, agents and assigns from any and all liability, damage, claim of any nature whatsoever arising out of or in any way related to my/my child's participation in the KYACDA Honor Choirs in Richmond, Kentucky.

Participating in any activity is an acceptance of some risk of injury. I agree that my/my child's safety is primarily dependent upon taking proper care of oneself. Despite precautions, accidents and injuries may occur and injury and/or loss or damage to personal property may occur as a result of participating in the KyACDA Honor Choirs; therefore, I assume all risks related to participating in the KYACDA Honor Choirs. I also hereby acknowledge that the American Choral Directors Association, its trustees, employees, volunteer workers, students agents and assigns assume no liability whatsoever for personal injuries or property damage that may arise out of my/my child's participation in the KYACDA Honor Choirs.

My signature on this form indicates that I have read, understood, and freely signed this agreement. I expressly agree that this agreement shall be construed and enforced in accordance with the laws of the State of Kentucky, with Madison County being the court of exclusive jurisdiction, and I consent to the jurisdiction of the State of Kentucky and of the courts of Madison County. I agree that this waiver and release is intended to be as broad and inclusive as permitted under the laws of the State of Kentucky so that if any portion hereof is held invalid, the balance shall continue in full legal force and effect.

Parent/Guardian Name (Please Print): \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_