

# Music Opportunity Program

## Permission to Travel Form

To Parents:

Music Opportunity Program youth orchestras sometimes make trips both in and out of the metropolitan area. These trips are made with reputable bus companies.

In anticipation of these opportunities, please fill out and return the form below. We certainly do not anticipate any serious illness or accident while we are on trips; however, the possibility, although slight, always exists. In such cases, we want to be fully prepared to act in behalf of your student as quickly as possible. In the event of an emergency, parents/guardians would be notified immediately.

### AUTHORIZATION

I, the undersigned parent/guardian of \_\_\_\_\_ do hereby give permission to the supervisory personnel of the Music Opportunity Program, Birmingham, Alabama, to seek and obtain medical care and attention that may be necessary for my child while my child is under their supervision and custody. I hereby release and hold unaccountable the Music Opportunity Program, its employees or any associated personnel for any claims that may arise.

Signed \_\_\_\_\_

Date \_\_\_\_\_

### Medical Information

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Father's Work \_\_\_\_\_ Mother's Work \_\_\_\_\_

Person(s) other than parent/guardian to be notified if parent/guardian unavailable:

Name \_\_\_\_\_ Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Is student taking medications prescribed by a physician? If so, what? \_\_\_\_\_

Is student allergic to any medications? \_\_\_\_\_ If so, what? \_\_\_\_\_

Pertinent health problems or conditions \_\_\_\_\_

Sickness and accident insurance company \_\_\_\_\_

Policy /Contract/Group Number(s) \_\_\_\_\_