2018 Honor Choir Medical Information and Liability Waiver
(Return to your Director)

Directors, mail Medical Information and Liability Waiver directly to the Honor Choir Chair:

Mid-Level Treble	**Mid-Level Changing/Changed**	**High School**	**Elementary**
Marissa McLean	Tony Rangel	Melanie Kjellberg	Susan McAllister
Glenbard East High School	Armstrong High School	Andover High School	2453 Morning Star Trail
1014 S. Main St.	10635 36th Ave. N.	2115 Andover Blvd NW	Green Bay, WI 54302
Lombard, IL 60148	Plymouth, MN 55441	Andover, MN 55304	

Participant's Name:_____
                          (Last)   (First)   (Middle)

Health Insurance Provider: _____ Policy Number: _____

List all prescription medications you are currently or might be taking:

    Name: _____ Dosage: ____ Frequency: _____ Reason:_____
    Name: _____ Dosage: ____ Frequency: _____ Reason:_____

List any known food, drug, animal, or environmental allergies:

_____

_____

Circle any conditions for which the participant is currently receiving medical treatment:

    Insulin Dependent   Insulin pump Fainting   Inhaler   Autoimmune Disorders
    ADHD   ADD   Depression Other: _____

List any other medical conditions for which the participant is being treated:

_____

_____

Physicians Name: _____ Office Phone: (_____)_____

Address: _____ Phone: (_____)_____

The designated Honor Choir Nurse has my permission to administer (dual person observed and documented) the following to the participant named above, if available and warranted:

(Circle)   Tylenol   Iuprofen   Imodium   Dramamine
                 Maalox   Pepto-Bismol Tums   Other: _____

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

If the participant listed above should require medical attention while participating in the 2018 ACDA Central & North Central Honor Choir in Chicago, IL, February 14-17, the Honor Choir Nurse, Honor Choir Coordinator, Honor Choir Assistant, Honor Choir Chair, and the designated chaperone have 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 2018 ACDA Central & North Central Honor Choir in Chicago, IL.

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 2018 ACDA Central & North Central Honor Choir; therefore, I assume all risks related to participating in the 2018 ACDA Central & North Central Honor Choir. 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 2018 ACDA Central & North Central Honor Choir.

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 laws of the State of Illinois, with Cook County being the court of exclusive jurisdiction, and I consent to the jurisdiction of the State of Illinois and of the courts of Cook 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 Illinois so that if any portion hereof is held invalid, the balance shall continue in full legal force and effect.

This is not a legal document without the signature and seal of a Notary Public:

Parent/Guardian Name(Print): _____ Signature: _____

Home Phone: (_____)_____ Cell Phone: (_____)_____

Work Phone: (_____)_____

Signed in my presence this _____ day of _____ (month), _____ (year).

Witness my hand and seal this _____ day of _____ (month), _____ (year).

Notary Public: _____ Notary Seal:

My Commission Expires:_____