Campus High School Choirs Medical Permit Form

Student Name:			
	Last	First	Middle
Home Address:	Route/Street	City	Zip
Data of Birth		·	ک اب
Date of Birth:		_	
Known Allergies:			
Parent/Guardian Na	me:		
Home Phone:		Cell:	
First Emergency Co	ntact Alternate:		
Name	F	Relationship	Phone
Second Emergency	Contact Alternate:		
Name	F	Relationship	Phone
Hospital Insurance:			
Policy #:		Group/ID #	t
-	surgery, that he/she dee	ems advisable for the v	ose, and to prescribe or perform treatment, welfare of ry incurred while the participant is attending
a function away from	Campus High School.		,
above named partici the sickness or injury disclaim any liability mentioned participar appointed sponsors any and all claims ag medical personnel o	pant is placed in the care y of the participant. I furth for claims arising out of t nt at the hands of qualifie disclaim any liability in th gainst Rebekah Riffee an r as a result of the exami y all costs incurred by the	e of qualified medical pater understand that Refler understand that Refler examination, diagned medical personnel, are selection of qualified appointed sponsors nation, diagnosis, and	all reasonable steps to insure that the personnel if and when attention is called to be bekah Riffee and appointed sponsors osing, and treatment of the aboveand further that Rebekah Riffee and medical personnel; and I do hereby waive as a result of the selection of said qualified treatment by qualified medical personnel.
appointed sponsor w	vill try to contact me as so Il have the hospital conta	oon as an injury occurs ct me at the time my s	al. I understand that Rebekah Riffee or an s, or if they are unable to reach me con/daughter is admitted to the hospital.
Parent/Guardian Signature Date			