

MEDICAL PERMISSION FORM

To be submitted to the All-State Coordinator ASAP, but no later than January 2

The Missouri All-State Choir, Band, Jazz Band, Orchestra, and The Collective will be meeting at Tan-Tar-A Conference Center/Margaritaville Lake Resort, Osage Beach, Missouri the week of January 22, 2024 through January 27, 2024. The performer and their parents are responsible for all travel to and from Tan-Tar-A Conference Center.

_____ has my permission to attend rehearsals, etc. and the performance of the 2024 Missouri All-State Ensembles at Tan-Tar-A Conference Center/Margaritaville Lake Resort on the dates of January 24, 2024 through and including January 27, 2024.

I understand that MCDA, MMEA, MBA, MOSTA, and MOAJE assumes no liability by virtue of the above-named student's participation and attendance in the All-State organization at the MMEA Conference.

Parent/Guardian Signature _____ Date _____

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Please PRINT legibly

ALL-STATE MEDICAL FORM
COMPLETE IN BLACK OR BLUE INK

Please PRINT legibly

STUDENT NAME _____

GRADE IN SCHOOL _____ STUDENT PHONE (____) _____

PARENT/GUARDIAN NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE (____) _____ WORK PHONE (____) _____

PARENT CELL PHONE (____) _____ PARENT CELL PHONE (____) _____

EMERGENCY CONTACT

PRIMARY CONTACT _____ RELATIONSHIP _____ PHONE (____) _____

SECONDARY CONTACT _____ RELATIONSHIP _____ PHONE (____) _____

PHYSICIAN _____ PHONE (____) _____

INSURANCE COMPANY _____

GROUP# _____ IDENTIFICATION NUMBER _____

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Please list any medications the student is currently taking:

Please list any allergic reaction(s) to any medications:

If your student carries any self-administered medications (example: inhaler, epi-pen, etc.) please note them here:

Please list below any medical information you feel we should know that will be helpful in case of an emergency:

If my student, _____, should need medical attention while at the Tan-Tar-A Conference Center/Margaritaville Lake Resort attending the MMEA Conference, the person designated by the All-State affiliate has our permission to take our child to a doctor, hospital, or any other medical institution for necessary medical treatment.

Parent/Guardian Signature _____ Date _____

IMPORTANT!!

1. Please attach a photocopy of the student's driver's license or school identification
2. Please attach a photocopy of the front AND back of health insurance card