

TUCSON ARIZONA BOYS CHORUS MEDICAL RELEASE FORM

We/I, _____ and _____,
parents (or guardian) do hereby authorize the Director of the **TUCSON ARIZONA BOYS CHORUS**, Dr. Julian Ackerley, or other adult chaperones as designated by the Chorus, to authorize any medical Doctor or accredited hospital to take any medical steps necessary to protect the health of our child or ward, namely, _____.
In the event of an emergency, the insurance information for our son is as follows:

INSURANCE PROVIDER: _____

INSURANCE ID #: _____ GROUP #: _____

This release form will remain in effect until revoked in writing by us/me or until the above noted chorister resigns from the Chorus. I further agree to promptly notify the Chorus of any changes in insurance coverage.

Parent 1 Date _____

Subscribed and sworn to before me this _____ day of _____, year _____.

by _____.

Notary Public

My commission expires: _____

Parent 2 Date _____

Subscribed and sworn to before me this _____ day of _____, year _____.

by _____.

Notary Public

My commission expires: _____