Seattle Children's Chorus

PERMISSION SLIP 2007-2008

(Chorister's name) _____ has my permission to attend Seattle Children's Chorus special activities. I release the Seattle Children's Chorus and all adult chaperones who are in attendance from any liability for injury to my child, unless such injury results from an intentional act by said adult. I further give adult chaperones the authority to administer or arrange any emergency medical attention for my child. I also give permission for my child to be photographed/video taped during all activities of the Seattle Children's Chorus and authorize the use of said photographs/video for publicity purposes in the advancement of the Seattle Children's Chorus.

_____ _____

(*Printed name of parent or guardian)* *(Signature of parent or guardian)*

Parent phone: _____ _____

(*Home*) (*Work*)

Physician: _____ _____

(*Name*) (*Phone)*

Allergies, medicines, other medical information: _____

_____

This form must be signed and returned to the SCC office for your chorister to be officially registered with the Seattle Children's Chorus. ***Return to: Seattle Children's Chorus, P.O. Box 33702, Seattle, WA 98133***

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