



Emergency Release for Treatment

_____ is the lawful parent or guardian of
Parent name

_____, a minor, and agrees to the following:
Youth Name(s)

Permission is granted for the above-named minors to participate in the Blue River Youth Choir (BRYC) rehearsals and all activities thereof. Blue River Youth Choir, Inc., their staff, volunteers, and adult agents of BRYC are given the following authority during these dates:

In the event of an emergency which requires immediate medical attention and/or treatment, consent is given for the adult agents mentioned above to act in place and with the same authority as lawful parent or guardian.

Further, in consideration of the services performed by adults against of Blue River Youth Choir are, here with, released from liability for all actions taken in good faith during these activities.

Youth's primary care physician _____
(Name & Phone number)

Known allergies (including food): _____

Present medications include: _____

Parent or Guardian Signature: _____

Date _____ Phone _____