

PARENTAL PERMISSION & EMERGENCY MEDICAL FORM

Participant's name: _____ has my permission to participate in the **Find Your Voice** Young Women in Harmony festival on February 1, 2020, and I hereby authorize the festival coordinators to arrange for any necessary medical treatment in the event of a medical emergency.

In case of emergency, please contact:

Name of emergency contact Phone number Relationship

Parent or guardian (please print clearly) Phone number Date

Participant will be traveling to and from the event at Franklin Jr High in Des Moines with (check one):

- Parent or guardian
- Other adult supervision (Specify: _____)
- Student is authorized to drive by herself—
(parental signature required _____)

Medical Information—Please inform us of any special medical conditions: (attach additional pages as needed)

Medication Allergies _____

Food Allergies _____

Special Dietary Needs _____

Parent signature _____