



Home School Music Association

Emergency Medical Consent Form

*A Christian
Home School
Organization*

Name and birthdate of each participating child:

_____	_____
_____	_____
_____	_____

Address _____

City _____ State _____ Zip Code _____

I, _____, allow my son/daughter(s) as listed above to participate in the Home School Music Association. In case of an emergency, where medical attention is needed, I give permission for an emergency room doctor to care for him/her.

Parent Signature _____ Date _____

Home Phone () _____ Cell Phone () _____

Emergency Contact _____

Health Insurance Company _____

Policy Number _____

Please note any allergies (food or medication), or anything else that you feel is necessary for us to know about your student to ensure a safe and enjoyable year at HSMA on the back of this sheet.

For returning families, please make any changes necessary, date, and initial below:

_____	_____
_____	_____