

Special situations your child might need help with while away from home and how do you want us to handle it while your chorister is in our care:

Sleep walking: _____

Bed wetting: _____

Menstruation: _____

Chronic or recurring illness: _____

Any restriction on physical activity: _____

Other: _____

Medications

May your child be given? **Tylenol** _____ dosage: _____ **Ibuprofen** _____ dosage: _____

Does your child take any medications routinely? If YES, please list:

Name	Frequency	Dosage

Parent Authorization

This health history is correct and complete to the best of my knowledge. By signing, I certify that my child is free of potential health problems, which might restrict his or her ability to fully participate in choir and tour activities (except as noted). I give permission for an assigned Oregon Children's Choir representative to administer the above listed medications to my child. I understand that due effort will be taken to notify me if my child requires medical treatment. I hereby give permission for any Oregon Children's Choir representative to authorize medical treatment for my child including but not limited to treatment by medical care personnel, hospitalization, surgery, and the administration of medication, injection, and/or anesthesia. I understand that I am financially responsible for all medical expenses incurred.

Signature of parent/guardian

Date



Updated Health History for Spring/Summer Tour

Signature of parent/guardian

Date

Oregon Children's Choir Excursion Permission Form

Choristers of the **Oregon Children's Choir** participate throughout the year in community and regional events, performances and tours. Choristers are supervised by the conductor and choir volunteers. Every reasonable precaution is taken to insure the safety of choristers. However, there are inherent risks in travel and during activities which take place at and away from the regular rehearsal venue. The **Oregon Children's Choir** believes these experiences are valuable and requires the commitment from choristers to attend these events.

This Excursion Permission form will allow your child to travel with the choir, on foot or by public or commercial transport, anytime during the choir season. You will be informed of all excursions prior to the date of the event. Only choristers with properly signed Excursion Permission forms may accompany the choir on events away from the regular rehearsal and performance venues.

Please sign and date this form and return with your registration forms.

I, _____ (parent/guardian) do hereby give my permission for my child, _____, to participate in all activities of the Oregon Children's Choir. These activities include, but are not limited to, rehearsals, performances and recreational activities at regular rehearsal spaces, public areas and community venues. I also give permission for my child to accompany the choir on choir tours within and out of the State of Oregon. I understand that I have the right to request that my child not participate in any OCC event. I further understand that my child may be removed from the choir for non-attendance at required choir activities.

(Parent/Guardian)

(Date)

(Parent/Guardian)

(Date)

(Chorister Name)

(Choir)



Parents:

The safety of your child is a primary concern of the Oregon Children's Choir. Please keep in mind that supervision is available no earlier than 10 minutes before the appointed rehearsal or performance call time.

At the end of rehearsals or performances, choristers are supervised inside the rehearsal space (not outside). **It is the responsibility of the parent/guardian to come inside the rehearsal space to pick up your child.** Please make certain that the Choir Administrator knows you have arrived to pick up you child.

If you would like to make alternate arrangements for your child, please fill out the form below and return the form with you registration materials.

I have made the following alternate arrangements for my child:

My child has my permission to:

Walk or bike home

Drive himself or herself home

Other: _____

Chorister Name

Choir

Parent/Guardian signature

Date