

# Parent/Guardian Permission Form for 2016 MCV Fife & Drum Workshop

## Medical Information:

Medical Conditions:

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Allergies: (medications, foods, insect bites, etc.):

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Emergency Contacts:

1) Name: \_\_\_\_\_

Relationship to attendee: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_

Relationship to attendee: \_\_\_\_\_ Phone: \_\_\_\_\_

## Parent/Guardian Permission:

I swear that the information above is accurate and that my child, \_\_\_\_\_, has my permission to attend the MCV Fife and Drum Workshop on March 5, 2016.

In the event of accident or emergency, my child may be given first aid/medical treatment.

I understand that Middlesex County Volunteers, the Music Instructors, and the town are not responsible for theft or damage to personal property or injury.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date