

# music at The Beach

## Permission slip

I, \_\_\_\_\_, give my permission to Carol Hangacsi, Joan Sparks and/or Donna DeLaurentis to make medical decisions for my daughter/son \_\_\_\_\_ in the event of an injury or illness.

Attached, please find a copy of my insurance card for use in medical emergencies.

Please list of all medications your son/daughter will be taking while attending Music at the Beach. Attach a separate sheet if necessary.

My son/daughter's physician is: \_\_\_\_\_.

The office number is: \_\_\_\_\_.

My son/daughter's dentist is: \_\_\_\_\_.

The office number is: \_\_\_\_\_.

My contact numbers are:

Home: \_\_\_\_\_

Office: \_\_\_\_\_

Mobile: \_\_\_\_\_

If I am unavailable, please contact:

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of parent(s) \_\_\_\_\_