

**Wingate University 9-10 All Carolina Select Choir Festival
Consent for Emergency Medical Treatment**

Student's Name _____ School _____

Director's Name _____

List any allergies _____

Medications used regularly: _____

In the event that my child should require emergency medical treatment while attending the Wingate University 9-10 All Carolina Select Choir Festival I give my consent for our high school director or Wingate University officials to see that qualified personnel administer medical assistance.

Parent or Guardian's Name (Please print) _____

Parent or Guardian's Signature _____ Date _____

In case of emergency call (____) _____ or (____) _____

The teacher should have a copy of this form on hand during Festival weekend.
