

**MEDICAL INFORMATION/TREATMENT AUTHORIZATION  
AND PHOTO/VIDEOTAPE RELEASE FORM/TRANSPORT PROXY AUTHORIZATION**

**This form must be completed and signed by a parent/guardian before the child can participate in the Indiana University Children's Choir program.**

My child, \_\_\_\_\_, plans to participate the Indiana University Children's Choir ("Program"). I hereby provide the following information, authorization, photo/videotape release, and transport proxy information:

**Allergy/Medical Condition Information:**

My child has the following allergy(ies) or other medical condition of which the Program should be aware:

\_\_\_\_\_

**Medical Treatment Authorization:**

In case of an emergency, I authorize the Program to take my child to the nearest medical facility and further authorize that facility and any of its staff or any licensed physician to perform any medical treatment (such as admission to hospital, surgery, administration of medication, general treatment) upon my child. I/we agree to be fully responsible for all costs of such treatment. I authorize treatment in the Hospital's Emergency Department as needed.

**Photo/Audio/Videotape Release:**

My child plans to participate the Indiana University Children's Choir ("Program"). I understand that audio recordings, photos, and/or videotapes may be published of the Program participants, including my Child. I hereby give my consent for my Child to be audio recorded, photographed or videotaped in connection with his/her participation in the program.

I further agree that all such audio recordings, photos or videotapes shall be the exclusive property of Indiana University and, subject to the limitations expressed below, I release and give to Indiana University all rights of ownership and all rights to copy, and publish, and use such audio recordings, photos and videotapes. I acknowledge and agree that Indiana University may use any and all of those audio recordings, photos or videotapes for educational and promotional purposes, included but not limited to publication in brochures and other promotional materials and on the University's websites. I understand that Indiana University will not identify my child by name or allow any third party to use the photos and videotapes for commercial purposes without obtaining my written permission in advance.

**Transport Proxy:**

I plan to drop off/pick up my child from each rehearsal. The following people are also authorized to pick up my child from IUCC rehearsals:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I understand that my child will only be released to the people listed above. If other arrangements are made, I will contact my child's conductor in advance to let him know of these arrangements.

**I HEREBY EXECUTE THIS MEDICAL TREATMENT AUTHORIZATION,  
PHOTO/VIDEOTAPE RELEASE, AND TRANSPORT PROXY.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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