

# V.O.Y.E.

## **Permission slip for children to participate with the Voices of Youth Ensemble Children's Choir.**

Dear Parents,

By signing this permission slip I give permission for my child \_\_\_\_\_ to take part in the Voice of Youth Ensemble Children's Choir and agree that Debra Kelly will not be held responsible for any injuries or illnesses that my child sustains during rehearsal times, outings, events, and travel time.

I hereby authorize Ms. Debra Kelly leader of the Voices of Youth Ensemble Children's Choir as an agent of myself, to provide routine health care (including over-the-counter medication such as ibuprofen), administer prescribed medications and seek emergency medical treatment, if deemed necessary by group leader.

If you have any questions, please contact Debra Kelly at (773) 719-4070.

Yes, I give my child permission to be in the V.O.Y.E. (Child's name) \_\_\_\_\_

No, my child will not take part of the V.O.Y.E. \_\_\_\_\_

*Parent Name (print)* \_\_\_\_\_ *Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Telephone Number* \_\_\_\_\_ *Address* \_\_\_\_\_