



Noblesville High School Show Choir 2022  
Parent Information and Permissions

Student Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Class of: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_  
Custodial/Parent(s)/Legal Guardian(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Second Cell Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

I am hereby providing the school with the following information regarding my child. In case of emergency, and the parent cannot be located, please contact

Name \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
Student's allergies \_\_\_\_\_

Student's physical disabilities \_\_\_\_\_

Other information \_\_\_\_\_

Information about prescription or other required medication, dosages, and times to be administered must be provided on the separate Medication Permission Form.

**Transportation:**

In accordance with board policy, 86450, all students are expected to ride the approved vehicle to and from each activity when Corporation transportation is provided. A special request must be made to the staff member or sponsor by the parent, in writing or in person, to allow an exception. No student is allowed to drive on any trip when Corporation transportation is provided. An exception may be made by the principal on an individual basis provided the student has written parental permission and does not transport any other student.

**COVID:**

Noblesville Schools takes the health and safety of our students and staff very seriously. In response to the spread of COVID-19, NS is requiring all parents/guardians of students and students 18 years of age or older to agree to screen their child daily and if COVID symptoms are present, you will not send your child to school/practice/competition. Further, you will agree that your child will meet all the following requirements before returning to participation: no fever for at least 24 hours without the use of fever-reducing medication, isolation for 10 days after onset of symptoms, improvement in all other symptoms, and compliance with all Hamilton County Health Department guidance.

**Signature:**

By signing this form, you are agreeing that the information provided above is accurate to the best of your knowledge. In addition, you are agreeing to follow the COVID and transportation protocols.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)