Ambassadors of	Tape your photo here (no staples please)
EMERGENCY CARE FORM	Attach any photo (school photo or home photo)
Participant Legal Name (Passport) Last (family), First	
Age Birthdate Birthplace (on Passp	ort)
US Citizen: Yes 🗖 No 🗖	
Sex (on Passport) Passport Number	
Expiration Date Passport Authority	
Parent or Next of Kin	() Telephone
Emergency Contact (not traveling with the group) Relationsh	() ip Telephone
Current Medications	Purpose
Allergies/Reactions to Medicine	Special health needs/conditions
Special Dietary Requirements: None 🗅 Vegetarian 🗅 Ve	gan 🗖 Kosher 🗖 Halal 🗖 Gluten Free 🗖 Other
MEDIC	AL RELEASE
its employees or agents. It is understood that Virginia Ambassadors event that I am not available, the tour director or his agent has my p is further understood that neither Virginia Ambassadors of Music n	ermission to use his/her discretion in securing emergency medical aid. It or the person responsible for obtaining medical aid will be responsible or their agents, employees, or representatives be held responsible for any
$\overline{\mathbf{C}'_{\mathbf{r}}}$	/
	ted Name Date
PARENT PERMISSION STATEMENT FOR ALCOHOLIC	
I, DO \Box DO NOT \Box au wine/beer at the evening meal in the presence of one of the au infraction of this policy may be cause for sending my child here.	thorized VaAM staff members. I further understand that serious
Parent/Guardian Printed Name Parti	cipant Printed Name $\frac{/}{Date}$
THIS FORM MUST BE COMPLETED AND EMAILED T <u>VaMusic2023@GMAIL.COM</u> OR MAILED TO 1111 AND MUST BE RECEIVED BY FEBRUARY 21 ST .	O THE VIRGINIA AMBASSADORS OF MUSIC AT ESBURY COURT, ALEXANDRIA, VA 22308. THIS FORM