LOUISIANA MUSIC EDUCATORS ASSOCIATION
ALL-STATE PERMISSION FORM

Please Type or Print Legibly

Student Name______________________________________________________________

Last First Middle Initial

Instrument/Voice____________________________________________________________

School ________________________________________________________________

Please check the ensemble to which you have been selected.

CHECK ONE

___ All-State Womens Chorale       ___ All-State Mixed Choir

___ All-State Symphonic Band       ___ All-State Concert Band

___ All-State Jazz Ensemble        ___ All-State Orchestra

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Please check the appropriate response below:

___ The above-named student has no known physical problems that might cause problems during the All-State activities.

___ The above-named student has the following physical problems that may cause a problem during All-State activities.

We hereby give our permission for emergency treatment by qualified members of the medical profession, if such treatment should be necessary.

Parent/Guardian Signature______________________________________________________________

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The student listed above accepts the invitation to participate in the Louisiana Music Educators Association ALL-STATE activities in November. The rules and regulations (included in the All-State packet and on-line at lmeamusic.org) have been read carefully and are understood and agreed to by those whose signatures appear below.

Student Signature______________________________________________________________

Parent/Guardian Signature __________________________________________________________

Music Director’s Signature__________________________________________________________

Music Director’s Home Phone________________________________________________________

Principal Signature_______________________________________________________________

Permission Form must be returned to the address listed below by October 22, 2019.

Bruce Lambert,
LMEA Executive Director
P. O. Box 12046
Lake Charles, LA 70612