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 ChoraleAll-State Symphonic BandAll-State Jazz Ensemble	All-State Mixed ChoirAll-State Concert BandAll-State Orchestra	
Please check the appropriate respo	nse below:	
The above-named student has State activities.	no known physical problems that might c	ause problems during the All-
The above-named student has State activities.	the following physical problems that may	y cause a problem during All-
We hereby give our permission for if such treatment should be necessar	emergency treatment by qualified membery.	rs of the medical profession,
_		
The student listed above accepts th ALL-STATE activities in November	e invitation to participate in the Louisiana er. The rules and regulations (included in the carefully and are understood and agreed	Music Educators Association he All-State packet and on-line
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, 2018.

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