

**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

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 _____

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