

Steele Canyon High School Band Consent for Medical Treatment

2 pages

Name of student

Date of Birth

I hereby grant authorization to the band director or any chaperone of the Steele Canyon Band Parents standing *in loco parentis* to obtain any emergency medical and/or surgical procedures from a physician or hospital emergency room physician on behalf of the above named minor.

Signature _____ Date _____

Parent's Printed Name _____

GENERAL INFORMATION

Student _____ Home Phone _____

Address _____

Father's Name _____ Business Phone _____

Place of Business _____ Title _____

Mother's Name _____ Business Phone _____

Place of Business _____ Title _____

ALTERNATE IN CASE OF EMERGENCY

Name _____ Relationship _____

Phone _____ City _____ State _____ Zip _____

Financial Considerations

For and in consideration of emergency services and goods rendered by or through the attending physician(s), the undersigned hereby guarantees payment in full, immediately upon receipt of final billing.

Signature _____ Date _____

Medical Information Form (cont.)

Student _____ Sex M F Birth Date _____

Insurance Carrier _____ Policy number _____

Parents _____

Please answer the questions below. It is imperative that we have medicinal information to care for the student in case of emergency.

Does the student have chronic health problems? _____

Is the student allergic to any medicines? _____

Does he or she have allergies? _____

Is he or she currently taking any medications? _____

What is the date of the student's last tetanus shot? _____

Please list any additional pertinent information. _____

Family Physician

Telephone and Address

In case of emergency of minor illness, the Steele Canyon High School band director or chaperones of the band boosters have my permission to give over-the-counter drugs such as Tylenol, Maalox, Sudafed, Ibuprofen or Dramamine to my son or daughter.

Yes _____ No _____