

# 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 \_\_\_\_\_