

ALTON HIGH SCHOOL MUSIC DEPARTMENT

Student Medical Information

Parental Permission for Emergency Treatment

Student's Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Telephone (_____) _____ Emergency Phone (_____) _____

Parent's or Guardians Name(s) _____

I, _____ do hereby state that I am the natural parent or guardian of _____, a minor, whose birth date and residence are noted above.

I hereby authorize the bearer of this letter, Alyssa Cudney, Alton High School Band Director or Michaela Daivs, Alton High School Assistant Band Director, to sign any and all documents necessary to secure any and all medical treatment for the above named student, and I hereby ratify and confirm the authority of Alyssa Cudney or Michaela Davis to sign all documents to the extent as I would sign myself if present.

Child's Physician _____ Phone _____

Preference of Surgeon _____ Phone _____

Preference of Hospital _____ Phone _____

Preference of Dentist _____ Phone _____

Date of child's last Tetanus shot _____

Medical problems/allergies which might influence medical treatment (in none, please state "none known") _____

If presently under physician's care for ongoing medical treatment, please complete the following:

Medication _____

Condition _____

List any medical problems that may be anticipated (migraines, stomach ailments, allergies, etc.) _____

Other information you wish to provide: _____

I certify that the above information is true and correct:

(Date) (Signature of natural parent or legal guardian)

Sworn to and signed before me this _____ day of _____, 20____

(Seal) Notary Public _____

SEE REVERSE FOR CONTACT INFORMATION

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CONTACT INFORMATION – PLEASE PRINT

(Individuals will be contacted in the order in which they are listed.)

1. Name: _____ Relationship: _____

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____

2. Name: _____ Relationship: _____

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____

3. Name: _____ Relationship: _____

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____

4. Name: _____ Relationship: _____

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____