

CHELSEA HIGH SCHOOL BAND
Medical Consent Form

Student's Name: _____ Age: _____ Birthdate: _____
Address: _____ Phone: _____
City: _____
State: _____ ZIP: _____
School: _____ Grade: _____

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child, _____ to attend and participate in activities sponsored by the Chelsea High School Band during the 2014- 2015 academic year. We (I) authorize an adult, in whose care my child has been entrusted, to consent to any x-ray exam, anesthetic, medical, surgical and/or dental diagnosis or treatment and hospital care, to be rendered to my child under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care my child has been entrusted while attending and participating in activities sponsored by the Chelsea High School Band.

Please list any allergies or special medical problems your child may have:

Hospital Insurance Yes No

Insurance Company _____

Policy Number _____

Emergency Phone numbers _____

Mother's Name: _____ PHONE _____

Father's Name: _____ PHONE _____

Legal Guardian Signature: _____

Only one adult signature required unless circumstances warrant two or more signatures.