

Medical Authorization / Emergency Form

Please Print

This form will be in the possession of the Band Director or person in charge to insure proper medical treatment by physicians or hospital in the event of serious injury.

Please have this form notarized below.

Name: _____ Gender: M / F Grade: 9 / 10 / 11 / 12

Birth Date: ____/____/____ Place of Birth: _____

Address: _____

Home Phone: _____ Work Phone: _____

Parent/Guardian Name:

1. _____ Cell Phone: _____

2. _____ Cell Phone: _____

Emergency Contact:

Name: _____ Phone No.: _____

Please list any significant medical conditions that we should be aware of :

Is your child taking any medication that we should be aware of?

Name of Medication: _____

Please list all food allergies: _____ Please list all drug allergies: _____

Does student have asthma: Yes / No If Yes, does student use an inhaler: Yes / No

Insurance Co.: _____ Policy No.: _____

I hereby give my consent for medical treatment as deemed necessary by physicians designated by school authorities and for transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her participation. I understand this authorization will only be enforced when I cannot personally be contacted.

Signature: _____ Date: _____

Parent/Guardian

STATE OF FLORIDA:

COUNTY OF PALM BEACH:

The foregoing instrument was acknowledged before me this _____ day of _____, 2013, by _____, who is personally known to me or who produced _____ as identification.

Notary Seal

Signature of Notary Public, State of Florida