

# Zionsville High School Instrumental Music Department

2010/2011

## Parent Permission and Medical Consent

I, parent/guardian of \_\_\_\_\_ (student name), request that my child be allowed to participate in the scheduled field trip activities for the 2010-2011 school year.

Parent/Guardian name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Emergency contact telephone number: \_\_\_\_\_

Alternate phone number: \_\_\_\_\_

### Medical Consent:

In the event that I cannot be contacted, I hereby authorize the ZCHS band or orchestra director or his/ her designee to authorize medical and hospital care and treatment deemed necessary by a duly licensed physician for the health and well being of the above-mentioned student. I also authorize the transportation of said participant to the necessary facility to receive medical care.

### For reference:

Name of Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Health Problems:      epilepsy       heart condition       diabetes

Allergies: \_\_\_\_\_

Other health conditions: \_\_\_\_\_

Medicine currently taken (please list all prescription medications being used as well as over-the-counter med's used regularly):  
\_\_\_\_\_

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Date of last tetanus shot: \_\_\_\_\_

I give permission for my child to receive basic over-the-counter meds (i.e. Tylenol, Benadryl)

PARENT INITIALS: \_\_\_\_\_

Health/Medical Insurance Company: \_\_\_\_\_

Policy/Group# \_\_\_\_\_ Other ID # \_\_\_\_\_

Phone \_\_\_\_\_

I do not have health/medical insurance.

I solemnly affirm that I have read the above consent form and that the information I have provided is true to the best of my knowledge. I hereby declare my understanding of the authorization for treatment herein, and declare my legal responsibility for the above-named student's personal well being.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

