

SHAKER HEIGHTS BAND DEPARTMENT PERMISSION & EMERGENCY MEDICAL FORM

Student's Name: _____ Age: _____ Date of Birth: _____

Home Phone: _____ Parent #1 Cell _____ Parent #1 Work _____

Parent #2 Cell _____ Parent #2 Work _____

Contact person in the case that parents cannot be reached: _____

Relationship to student: _____ Home Phone: _____ Cell Phone: _____

Medications That Student Will Have:

Medication: _____ For What Reason: _____

Medication: _____ For What Reason: _____

Health concerns that advisors should be aware of (medical history, allergies, physical impairments) :

Dentist: _____ Phone: _____

Physician: _____ Phone: _____

Date of Last Tetanus Shot: _____ Medical Insurance Company: _____

Policy Number: _____

This form gives permission for my child to travel to all Band activities by bus transportation with Mr. Clemens, Mrs. Tyrrell, Mr. Hughes, Mr. LeeGrand, Ms. Sheaff, Mr. Crain, Mr. Kulikowski, Ms. Koterba, Mr. Pocaro and Mr. Rinderknecht for the 2017-2018 school year. In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by a licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

Signature of Parent/Guardian _____ Date _____

REFUSAL TO CONSENT

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring treatment, I wish school authorities to take the following actions:

Signature of Parent/Guardian _____ Date _____