

Auburn Mountainview High School 2016-2017 Parent Permission & Medical Information

NAME: _____ Birth Date ____/____/____

Address: _____ City, State,

Zip _____

As parents/guardians of _____, I/we grant permission of him/her to participate in the Auburn Mountainview High School Band at sanctioned band contests, field trips, performances, and other band events for the 2016-2017 school year. I am aware of the rules and regulations of the organization, and the student for whom I am responsible has been impressed with the importance of them.

As parents/guardians of _____, I/we authorize treatment of the above named student by a qualified physician or nurse in the event the student would require medical treatment. I understand that should a serious of life-threatening medical emergency arise, initial treatment of the student may be rendered by an individual trained in first aid, if in the opinion of that individual, delay might further endanger his/her life, cause disfigurement or undue discomfort. I will accept responsibility for charges incurred for the student's treatment. This permission is granted with the understanding that, except in a serious medical emergency, a reasonable effort will be made to inform me prior to treatment.

Parent/guardian signature

Home Phone

Work Phone

Emergency phone

Doctor's name

Phone

Dentist's name

Phone

Insurance Company Policy/group Number

MEDICAL INFORMATION

Please check the appropriate medical conditions that apply to your student:

Asthma ____ Diabetes ____ Seizure disorder ____ Hearing problems ____ Vision problems ____

Heart problems ____ Orthopedic problems ____ Dental problems ____ Airborne allergies ____

Food allergies ____ Reactions to bee stings ____

Other _____

PERMISSION FOR MEDICATION

If your student is on ANY prescription medication, an additional medical form must be picked up from the Auburn Mountainview High School Nurse. This form must be given to your doctor for his signature. The form and medication must then be returned to the school nurse. She will in turn go over the doctor's order and give the medication to the Band Director to take on the trip/event. All medication must be in the original prescription medication bottle. Call Auburn Mountainview High School nurse/health tech office at (253) 804-4539 with questions. It is the responsibility of the parent to follow this procedure for each and every Band trip/event where medication is needed.