

Northwest Guilford High School Band 2019-2020 Medical Permission Form

Student: _____ Date of Birth: _____

Address: _____

Student cell: _____ Home phone: _____

Parent/Guardian Name		
Relationship to Student		
Work Phone		
Cell Phone		

Alternate Emergency Contact Name: _____ Phone: _____

Family Physician: _____ Phone: _____

Insurance Company: _____ Policy Holder Name: _____

Policy Number: _____ Group Number: _____

ALLERGIES (food, medications & type of reaction): _____

Date of last Tetanus shot: _____

Circle any known medical conditions:

None

Bee Sting Allergy

Asthma

Seizures

Panic Attacks

Dizziness

Fainting Diabetes

High Blood Pressure

Other: _____

List any prescription or over-the-counter medications student takes: _____

Circle all medications that may be administered to student:

Ibuprofen (pain)

Tylenol (pain)

Tums (antacid)

Imodium (anti-diarrhea)

Benadryl (antihistamine)

Phenylephrine (decongestant)

Polysporin (antibiotic cream)

Hydrocortisone cream (anti-itch)

Please complete the section below in presence of a Notary

My (son/daughter) has my permission to receive any emergency medical treatment which may become necessary while participating with the Northwest Viking Band. This emergency treatment includes but is not limited to the administering of medications listed above. I also guarantee payment of all charges incurred during treatment (ambulance, physician, hospital, x-ray, lab, drugs, etc.).

Signature of Parent/Guardian _____ Date: _____

I, a Notary Public of North Carolina, do hereby certify that _____, principal, personally appeared before me this day, and (i) I have personal knowledge of the identity of the principal, or (ii) I have seen satisfactory evidence of the principal's identity, by current state or federal identification with the principal's photograph in the form of a _____ or (iii) a credible witness has sworn to the identity of the principal acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated herein and in the capacity indicated.

Witness my hand and official seal or stamp, this _____ day of _____, in the year _____.

Signature: _____ My commission expires: _____