

**2010-2011 RAVENWOOD HIGH SCHOOL BAND
HEALTH INFORMATION AND MEDICAL TREATMENT PERMISSION**

NAME _____

BIRTH DATE _____

To Whom It May Concern:

I, the undersigned, being the parent, legal next-of-kin, or legal guardian of _____
(Student's Name)

hereby authorize any necessary medical treatment for this person while participating in the Ravenwood Band activities. I, also, guarantee payment of all charges incurred during medical treatment.

In regard to such person, I submit the following information:

1. Allergies to foods, medications, etc. (If none, so state)

2. Special medical problems or health conditions. (If none, so state)

3. Medication or prescription to be used by student. (If none, so state)

Medication _____

Purpose _____

4. Student MAY or MAY NOT take Aspirin Substitute as a minor medication. (Circle One)

5. Date of last Tetanus Shot (If unknown, so state) _____

6. Family Physician _____ Phone _____

Office Address _____
(Street) (City/State) (Zip)

7. Person, other than parent or guardian, to notify in case of an emergency:

Name _____ Phone _____

8. Parent/Guardian Name _____

Address _____
(Street) (City/State) (Zip)

Home Phone _____ Work (Father) _____

Work (Mother) _____

Parent/Guardian Signature _____

Ravenwood High School Band
1724 Wilson Pike
Brentwood, TN 37027

Subscribed and sworn by parent/guardian before me.

_____ Day of _____, 2010

Mark Kinzer
Director of Bands

Notary Public

Commission Expires: _____