

**ASHLEY RIDGE H.S. BAND, SUMMERVILLE, SC
2011-2012 CONSENT FOR MEDICAL TREATMENT**

TO WHOM IT MAY CONCERN, I, the undersigned parent or guardian of:

Name of Student Date of Birth

Hereby grant authorization to the band director, staff, or any chaperone of the Ashley Ridge H.S. Band Boosters standing in loco parentis, to necessary medical attention in case of sickness or injury of my student, named above, during the 2011-2012 Band Calendar Year. I hereby release and waive, and further agree to indemnify, hold harmless or reimburse the Dorchester Two School District, the School Board, its successors and assigns, its members, agents, employees, and representative thereof, as well as trip supervisors, from and against, any claim which I, any other parent or known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during or in connection with the student's participation in the trip or the rendering of emergency medical procedures or treatment, if any.

Signature _____ Date / /

Parent's Printed Name _____

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GENERAL INFORMATION

Student _____ Phone (_____) _____

Address _____

City _____ Zip _____

Father's Name _____ Bus. Phone _____

Place of Business _____ Title _____

Mother's Name _____ Bus. Phone _____

Place of Business _____ Title _____

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ALTERNATE TO NOTIFY IN CASE OF EMERGENCY

Name _____

Relationship _____ Phone _____

City _____ State _____ Zip _____

**ASHLEY RIDGE H.S. BAND, SUMMERVILLE, SC
2011-2012 MEDICAL INFORMATION FORM**

STUDENT _____

SEX (M) (F) BIRTH DATE / / INSURANCE CARRIER _____

PARENTS _____ POLICY # _____



PLEASE COMPLETE THE QUESTIONS BELOW. It is imperative that we have medical information in order that we may care for the student in case of emergency.

1. DOES THE STUDENT HAVE CHRONIC HEALTH PROBLEMS? _____

2. IS THE STUDENT ALLERGIC TO ANY MEDICINES? _____

3. DOES HE / SHE HAVE ALLERGIES? _____

4. IS HE / SHE CURRENTLY TAKING ANY MEDICATIONS? _____

5. WHAT IS THE DATE OF THE STUDENT'S LAST TETANUS SHOT? _____

6. PLEASE LIST ANY ADDITIONAL PERTINENT INFORMATION _____



FAMILY PHYSICIAN _____

TELEPHONE & ADDRESS _____



In case of minor illness, the Ashley Ridge H.S. band director, staff, or any chaperone of the Ashley Ridge H.S. Band Boosters have my permission to give over the counter drugs such as Tylenol, Maalox, Sudafed, Ibuprofen or Dramamine to my son / daughter.

YES _____ NO _____