WESTERN HILLS HIGH SCHOOL

MEDICAL PERMIT STUDENT'S/CHAPERONE'S LAST NAME _____

I hereby consent for a qualified physician or surgeon to examine, diagnose, prescribe and perform treatment, including surgery, that is deemed advisable for the welfare of:

STUDENT'S/CHAPERONE'S FULL NAME

_____

I give my permission for the above named to take: ☐ Tylenol (Acetaminophen) ☐ Advil (Ibuprofen)

☐ Dramamine ☐ Immodium ☐ Benadryl ☐ Emetrol (nausea & vomiting) ☐ Other ☐ None

NOTE: Medications will not be given under any circumstance without prior permission from parent/guardian. No student is permitted to have prescription or non-prescription medication on his/her person at any time.

Please list any medical concerns and/or medications the student currently takes:

_____

_____

List any known allergies: Medications _____

Food _____

Environmental _____

Date of Last Tetanus Inoculation _____

INSURANCE COMPANY _____ POLICY NUMBER _____

SUBSCRIBER NUMBER _____ GROUP NUMBER _____

PERSONAL PHYSICIAN _____ PHYSICIAN'S PHONE _____

If an operative procedure is recommended, I hereby consent to the administration of any anesthetic, general, local, or both by a qualified anesthesiologist. If a blood transfusion is necessary, I consent to this procedure. I understand that no one connected with Western Hills High School or the Western Hills Choral Boosters, Inc. assumes liability for any injury incurred by the participant. I agree to pay all costs incurred by the participant(s) for the hospital bills, physician fees, and ambulance fee.

I understand that I will be contacted by someone in authority at the time my child is admitted to the hospital and/or treated by a physician.

DATE: _____ PARENT/GUARDIAN SIGNATURE _____

RELATIONSHIP TO STUDENT_____

Emergency Contact Numbers:

Parent Home: _____ Parent Work: _____

Parent Cell 1: _____ Parent Cell 2: _____

Additional Emergency Contact: _____

Mrs. Tiffany Marsh, choral director
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