

Chestatee Middle School Band

Medical and Travel Consent Form

Student Name _____

Address _____

Age _____

Home Phone _____

Parent or Guardian _____ Work Phone _____

Parent or Guardian _____ Work Phone _____

Emergency Contact _____ Phone _____

Student's Personal Physician _____ Phone _____

Student is allergic to the following medications: _____

Student has the following allergies: _____

Student is authorized to carry the following medications: _____

Date of Last Tetanus Shot: _____

Check if any of the following apply: Heart Disease____, High Blood Pressure____, Asthma____, Seizures____, Bronchitis____, Diabetes____, Contacts____, Glasses____, Dental Appliance____
Other Pertinent Information Concerning Student's Medical Condition: _____

The Following Must Be Complete:

All Students Should Carry Health Insurance of Some Kind! Students Without Insurance Must Provide a Signed Waiver Letter From Their Parents.

Health Insurance Company: _____

Policy Number: _____ Name of Policy Holder _____

I hereby authorize Mr. Terry Sleister and whomever he may designate as assistants to seek medical attention for the student listed above. I also give my permission for this student to participate in all scheduled, school approved band trips.

Signed _____ Date _____