

PERMISSION FOR MEDICAL TREATMENT

All-State (check one) Band Orchestra Kentucky Children's Chorus Jr High Treble Chorus
 Jazz Band Chorus Jr High Mixed Chorus All-State Percussion

Last name _____ First name _____ M.I. _____

TO WHOM IT MAY CONCERN: I (we), the undersigned, being the parent, legal next-of-kin, or legal guardian of the above named person, hereby give my authorization for any necessary medical treatment for this person while participating in the Kentucky Music Educators Association All-State Bands, Orchestras or Chorus. I also guarantee payment of all charges incurred during this person's treatment (physician, hospital, X-ray, lab, drugs, ambulance, examination, etc.), minor surgery (hospital care, physicians, drugs, X-rays, lab, etc.), and/or hospital care as deemed necessary by a physician. I understand this consent is valid from February 6, 2019 to February 9, 2019. If my child participates in the All-State Percussion Ensemble, this consent is also valid from March 8, 2019 to March 9, 2019.

I hereby entrust the care of above named person to the duly authorized representative of the Kentucky Music Educators Association or their school band, choral or orchestra director (adult).

Note: Give following information for doctor to treat above person. Please be as accurate as possible and list everything.

In regard to such person, I submit the following information: (Please type or print)

¹ Allergies to foods, medications, etc. (If none, so state.) Additional space on back.

² Special medical problems. (If none, so state.) Additional space on back.

³ Does participant carry medications on person? (If none so state.) Additional space on back.

Medication _____ Purpose _____

4 Date of last Tetanus shot _____

5 Family physician: _____

Address _____ City _____ Zip _____

Telephone _____

6 Medical insurance company _____

Person carrying insurance: _____ Policy number _____

PARENTS OR LEGAL REPRESENTATIVE'S SIGNATURE

Please type or print

Parent/guardian signature _____

Witness signature - Non-family member _____

Typed or printed parent/guardian name _____

Date signed _____

Address _____

City _____ Zip _____

Father's (male guardian's) telephone Day _____ Night _____

Mother's (female guardian's) telephone Day _____ Night _____

Emergency telephone number _____ Relationship _____

School Paul Laurence Dunbar High School Director Tiffany Marsh

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