

# Youth Permission Slip / Medical Release Form

Please fill this form out completely and sign.

Youth's name \_\_\_\_\_ Circle one: Male Female  
Date of Birth \_\_\_\_\_ What grade for school yr. \_\_\_\_\_  
Parent'(s) name(s) \_\_\_\_\_  
Guardian(s) name(s) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_  
Emergency Phone: \_\_\_\_\_

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I/We hereby give my/our permission for my/our child \_\_\_\_\_ to attend the Highland Music sponsored events during the next 12 months. I/We understand that there will be adult supervision at these events. I/We also understand that if there are any disciplinary problems with the above named teen, it will be our responsibility to pick up our child at the site of the event and they will not be eligible for future events without specific approval of the principal, music director and the board of education.

## AUTHORIZATION TO CONSENT TO TREATMENT

I/We, the undersigned, parent(s)/Guardian(s) of the child named above on this consent form, do hereby authorize Highland Music, it's staff, our representatives, as agent(s) for the undersigned to consent to a X-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care that is deemed advisable by, and is to be rendered under the general supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the Medical Staff of any Hospital or medical clinic whether such diagnosis or treatment is rendered at the office of said physician or said hospitable.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment of hospitable care which the aforementioned physician in the exercise of his/her best judgment deem advisable.

Signed \_\_\_\_\_ Dated \_\_\_\_\_  
Parent or Legal Guardian

Print name \_\_\_\_\_

# Health History

To protect your child from possible embarrassment and to better insure his/her safety, but not to exclude him/her from the program, the following information is requested. Place a check to each appropriate item and give approximate dates if possible:

## General:

Frequent Ear Infections _____	Hay Fever _____
Heart Defect/disease _____	Insect Stings _____
Convulsions _____	Penicillin _____
Diabetes _____	Other Drugs (List) _____
Bleeding/Clotting Disorders _____	_____
Bed Wetting _____	_____
Sleep Walking _____	_____
Operations or Serious Injuries _____	Known Allergies _____
_____	_____
_____	_____

## Diseases:

Chicken Pox _____
Measles _____
German Measles _____
Mumps _____
Asthma _____

1. Do you know any health factor that makes it advisable for your child to follow a limited program of physical activity? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:

\_\_\_\_\_

2. Please give us the name and phone number of your child's regular physician:

\_\_\_\_\_

3. In the event of a minor illness (such as a cold or headache), do you authorize Highland Music to give your child common remedies such as Tylenol, cough medicine, etc., in dosages appropriate for his/her age? Yes\_\_ No\_\_

Please list any specific instructions: \_\_\_\_\_

\_\_\_\_\_

4. Please list any medications that your child will need to be taking on any camps or overnight youth events:

Medication:	Dosage:	When taken:
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## Insurance Information

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Insurance Company Phone: \_\_\_\_\_

