

**Parkersburg High School Big Red Band
Medical Consent Form**

Student Name: _____

Birth Date: _____

Address: _____

City/State/Zip: _____

Parent/Guardian with whom student resides: _____

Daytime Phone Number: _____

Cell Phone Number: _____

Home Phone Number: _____

Neighbor/Relative Name and Phone Number: _____

Preferred Hospital: _____

Family Physician: _____

Medical Insurance Company: _____

ID Number: _____ Plan Number: _____ Group Number: _____

Medical Problems-List any medical problems below that our staff/nurse needs to be aware of:

List any medications the student is currently taking and the dosage:

Permission is granted to the attending physician to proceed with any medical or surgical treatment, X-ray, examinations and immunizations for the above named student. In the event of serious illness, the need for major surgery or significant accidental injury I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If the physician is not able to communicate with me, the treatment necessary in the best interest of the student may be given.

In the event that an emergency arises during a practice session or while the band is out of town, an effort will be made to contact the parents or guardians as soon as possible. If parents or guardians cannot be reached, permission is granted for the best qualified trained individual to provide the necessary emergency treatment to the student prior to his admission to a medical facility.

I agree to pay all expenses incurred by the administering of emergency medical care.

Signature of Parent/Guardian

Date