

Medical Consent Form

Student Name _____ Date of Birth: _____

Parent(s)/Guardian _____

Health Insurance Company _____

Group # _____ Individual Policy # _____

Name and address of insured: _____

Medications student is currently taking (include strength and dosage) _____

History of health problems and/or allergies _____

Family Physician Name _____ Phone # _____

Consent Statement

I am the parent/guardian of the above named student and by my signature below I hereby release the DeSoto County School District, Band Directors, and Chaperones acting as agents of the District, of all liability in the event of an accident or injury occurring beyond the realm of reasonable care while participating in all band activities and travel.

I also grant permission for the above named student to be treated and/or hospitalized by a licensed physician. I also hereby grant permission for the above insurance policy and medical information to be released to the physician and medical facility providing care.

Parent/Guardian _____ Date _____

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State of Mississippi _____ County of DeSoto

Subscribed and sworn to before this _____ day of _____, 20 _____.

My Commission expires: _____

Notary Public