Emergency Treatment Authorization for _____ / _____

School Year 2009-2010 *Student's Name (please print legibly)* *Date of Birth*

Please check the appropriate boxes below and complete this form as fully and accurately as possible to ensure proper medical treatment for your child in an emergency situation that occurs during an Oakton High School Band event.

1. ☐ Medical Concerns ☐ No Medical Concerns

diagnosis or concerns: *treatment or medication **with dosing instructions**:*

_____ / _____

_____ / _____

_____ / _____

_____ / _____

☐ *additional medical info on back of page*

2. ☐ Allergies ☐ No Allergies

allergens: *reaction:* *treatment or medication **with dosing instructions**:*

_____ / _____ / _____

_____ / _____ / _____

☐ *additional allergy info on back of page*

3. My child carries ☐ no medication ☐ Epi-Pen ☐ inhaler ☐ other _____

4. Student's physician: _____ / _____
telephone number

5. Year of last tetanus shot: _____

6. Health insurance: _____ / _____ / _____
name of company *group number* *ID number*

_____ / _____
name of insured *insured's date of birth*

☐ **My child does not have health insurance. By my signature below, I guarantee payment of any and all expenses incurred during emergency medical treatment, including but not limited to fees for ambulance service, doctors, hospitals, labs, X-rays, and prescription medications.**

_____ / _____
signature *date*

7. Student's address: _____

8. Telephone numbers: _____ / _____
home number *other emergency number*

_____ / _____
Mother's work and/or cell number *Father's work and/or cell number*

9. Parent/Guardian: _____ / _____
print name legibly *signature, in Notary's presence*

10. Notary/Seal: _____ / _____
Date my Commission expires