

*THIS FORM MUST BE NOTARIZED. NOTARY PUBLICS WILL BE AT THE UNIFORM FITTING AND THE FALL CONCERT.

THE NORTHWEST GUILFORD HIGH SCHOOL CHORUS

To whom it may concern: I, the undersigned, being the parent or legal guardian of:

_____ (Parent, guardian)

Hereby authorize any necessary medical treatments for this person while participating in the Northwest High School Chorus. I also guarantee payment of all charges incurred during the treatment. (Ambulance, doctor, hospital, x-ray, Lab, drugs, etc.)

In regard to each person I submit the following information:

1. Allergies to foods, medications, etc. (If none, state. If Yes, please specify).

2. Special medical problems (if none, state. If yes please specify.)

3. Is the student under medical care? _____ If so, describe the nature of the illness and treatment.

4. Does participant carry medication on person? _____ if YES- name of medication
_____ (purpose) _____

5. Date of last Tetanus _____

6. Family Physician/clinic _____

Phone _____ Address _____

***Signature of Parent or Guardian** _____

Date _____

PRINT the name of person signing _____

Relationship to student _____

Address _____

Home Phone _____ Cell Phone _____

Emergency Name and Number if above is not available _____

Insurance Company _____ Policy/Group Number _____

*******PLEASE TURN TO OTHER SIDE*******

THIS PAGE MUST BE NOTARIZED

AUTHORIZATION TO TREAT A MINOR

I, the undersigned Parent (s) or guardian(s) of minor child(ren) (give names and ages) _____

Do hereby authorize adult chaperones with any Northwest Chorus Field Trip as agents for the undersigned to consent to an examination, x-ray. Anesthetic, medical or surgical diagnosis of treatment and hospital care which is rendered under the supervision of any physician licensed under the provisions of a medical practice act on the medical staff of a licensed hospital. This is whether such diagnosis or treatment is rendered at the office of said physician or said hospital. I agree to cover all associated costs and fees which may occur during this treatment.

Any restriction or comments. _____

State of _____

County of _____

_____ Notary Public

_____ Expiration

Signature of Parent or Guardian _____

Date _____

On the _____ Day of _____, _____ before me personally came _____ known to the individual described in and who executed the foregoing instrument, and acknowledged that the execute the same.