

STUDENT NAME: _____

TEMPORARY MEDICAL GUARDIANSHIP

TO WHOM IT MAY CONCERN:

I (we) the undersigned, _____, are the natural parents or legal
(please print)

guardians of _____ . During our absence he/she has been
(please print)

placed in the temporary care of **WAXAHACHIE HIGH SCHOOL BAND**, who is/are empowered by this statement to call for and authorize medical care and assistance in the event of injury, accident or illness involving our child or children. It is my (our) intention that this statement serve as authorization for such medical care to be administered during the following period of time:

Beginning Date **June 8, 2009** through the Ending Date **June 8, 2010.**

In the event that further medical consultation is required, the **physician** who has most recently examined the child/children is: _____ Phone: _____ Child DOB: _____

Known Allergies: Drugs: _____ Foods: _____ Last Tetanus: _____

List all medical conditions, history of surgeries, and serious injuries (use other side if needed): _____

List Names and Doses of all regular medications: _____

Insurance information (recommended) _____

In case of emergency, the following person/people is/are also authorized to give consent for treatment if the parent/legal guardian cannot be reached:

Name: _____ Relationship: _____ Phone _____

Parent/Legal Guardian [PRINT]: _____ **Signature** _____

(please print)

Emergency Contact Numbers for Parents (include Home, Work, and Cell phones): _____

DRUG POLICY

Students may **not** share any medications, nor receive **any other medications** from any other parent/student.

All **controlled** substances, such as narcotic pain medications, Ritalin, etc., **must** be collected by the directors/designated head chaperone with appropriate dosing instructions signed by the parent/legal guardian.

All medications must be in the original containers.

PRIVACY STATEMENT

For your information, please be advised that all information on this form will only be used to assist in obtaining emergency medical treatment.

I have read and understand the above WHS Band policy on medication, as well as the above Privacy Statement.

Parent/Legal Guardian Signature _____ **Date:** _____

Student Signature _____ **Date:** _____