

PARENT CONSENT:

I am aware of my child's participation in the **2016-2017 LHS MUSIC DEPARTMENT AND MARCHING ARTS PROGRAMS** sponsored by **LEIGH HIGH SCHOOL PERFORMING ARTS**. I am aware that taking part in this activity carries the risk of injury to my child, particularly due to travel, practice and performance. The directors, instructors, sponsors, and parents/chaperones have my permission, in an emergency situation when I cannot be contacted, to seek medical assistance at a medical clinic or hospital emergency room at my expense. I certify that I have adequate insurance coverage as stated below and I accept full responsibility for any medical expenses arising due to the injury or illness of my child while participating as a member of the organization.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PRINTED NAME OF POLICY HOLDER: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____ GROUP NUMBER: _____

****WE MUST HAVE A COPY OF YOUR INSURANCE CARD TO KEEP ON FILE WITH THIS FORM****

If you do not have insurance, please initial here: _____

AUTHORIZATION TO TREAT A MINOR

I (we), the undersigned parent/guardian of _____, a minor, do hereby authorize and consent to any medical treatment rendered under the general or special supervision of any member of the medical profession and emergency room staff. I give my permission to directors, instructors, sponsors, and /or chaperones to administer over the counter drugs and first aid for emergency use only. I have indicated below what medications can be given to my child. Those administering the treatment will follow the directions on the medication unless otherwise noted in the child's medical form.

Please **place your initials** next to what your child can be given in an emergency. (Emergencies will be determined by the director/instructor/sponsor/chaperone.) Medications listed could be a variation of the specific brand name or a generic brand.

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|-------------------|------------------|-----------------|----------------|------------|
| ____ Tylenol | ____ Advil | ____ Imodium | ____ Benadryl | ____ Midol |
| ____ Pepto-Bismol | ____ Cough Drops | ____ Aspirin | ____ Sudafed | ____ Aleve |
| ____ Tums | ____ Drama-mine | ____ Sun screen | ____ Bug Spray | |

Other (list below)

List any restrictions: _____

PARENT SIGNATURE: _____ DATE: _____