

MEDICAL HISTORY

CHILD'S DOCTOR: _____

PHYSICIAN: _____

MEDICAL INSURANCE COMPANY: _____

POLICY# _____

ALLERGIES: _____

MEDICATIONS (PLEASE LIST NAME AND DOSAGE): _____

DATE OF LAST TETNUS IMMUNIZATION: _____

MEDICAL ISSUES/CONCERNS OR SURGERIES: _____

PERMISSION TO TRAVEL

I hereby give permission to my son/daughter to travel with the department to contests, 2018-2019 school year. Transportation will be through the Bartholomew Consolidated School Corporation transportation offices.

Signature of Parent/Guardian: _____

Date: _____

Columbus East High School Band & Guard Medical Consent Form

STUDENT NAME: _____
STUDENT DATE OF BIRTH: _____
PARENTS/GUARDIANS: _____
STUDENT ADDRESS: _____
CITY: _____
ZIP: _____
HOME PHONE: _____
STUDENT CELL PHONE: _____
PARENT/GUARDIAN CELL #1: _____ WHO? _____
PARENT/GUARDIAN CELL #2: _____ WHO? _____
EMERGENCY CONTACT PHONE: _____
RELATIONSHIP TO STUDENT: _____

We authorize Directors, Mr. David Rodgers, Mr. Tim Brookshire or current guard instructor at Columbus East High School, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor child under the general or special supervision and admit such visitors to the Emergency Department, surgery and/or delivery rooms that are sanctioned in the policies established by the Board of trustees of Columbus Regional Hospital.

SIGNATURE OF PARENT/GUARDIAN: _____
DATE: _____