

**Eastern Hills High School
Highlander Band
Medical Affidavit
2011-2012**

Student's Name _____

My child has the permission to take the following medication: (note daily dosage)

My child is allergic to the following medication:

Do you know of any health factors that make it advisable for your child to follow a limited program of physical activity or from participating in any activities? If yes, please explain.

As the parent or legal guardian, I hereby give permission to the physician, hospital and their medical representative to provide all first aid, emergency dental or medical care prescribed by a duly licensed physician, or dentist. This care may be given under whatever conditions necessary to preserve the life, limb, or well being of my dependent.

We/I have read this form and certify that we/I understand its content and acknowledge consent for medical treatment.

Parent's Signature _____ Date _____

Home Phone # _____

Cell phone # _____

Work Phone # _____

Emergency Phone # _____

Additional contact phone #'s _____