

**Eastern Hills High School
Highlander Band
Medical Affidavit**

2009 - 2010

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

My child _____ is allergic to the following medicines:

Date _____

Parent's Signature _____

Home Phone # _____ Cell phone # _____

Emergency Phone # _____

Additional contact phone #'s _____