

Rhea County High School Band

Permission for Medical Treatment

Student's Name:

Date of Birth:

_____ , _____ / ____ / ____
Last First

The student named above has my/our permission to participate in all activities and trips of the Rhea County High School Band during the 2009-2010 school year. I/we also give permission for a representative of the Rhea County High School Band to treat this student or admit them to a hospital for treatment in case of a medical emergency.

Signed,

Mr. _____

Mrs. _____

Address _____

City _____ Zip _____

Home Phone _____

This form MUST be notarized!

Sworn to and acknowledged before me
 this ____ day of _____, 2009.

 (signed)

Commission expires: ____ / ____ / ____

Please list any medical conditions or other information a doctor should be aware of:

Emergency phone numbers			
<small>Please provide at least one emergency contact for daytime and nighttime:</small>			
	Phone Number	Name	Relationship
Daytime			
Nighttime			