

**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 2011-2012 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 \_\_\_\_\_, 2011.

\_\_\_\_\_  
 (signed)

Commission expires: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

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