

CENTURY HIGH SCHOOL BAND
AUTHORIZATION TO TREAT A MINOR SLIP
2016-2017 Student's Name (print)

Date of Birth _____

May we administer pain reliever if requested by student? Yes _____ No _____

May we administer antihistamine if requested by student? Yes _____ No _____

Allergies to drugs or food _____

List any other restrictions: _____

Any medications currently taking (include insulin, anti-convulsive, antihistamine, and tranquilizers):

Please state reason for medications: _____

Tetanus (date of last injection): _____

Family Physician _____

Physician Phone _____

Physician Address _____

Insurance Company _____

Group # _____ Policy # _____

I (we) the parent(s) or legal guardian(s) of the above mentioned student, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency staff licensed under the provisions of the Medical Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the Oregon Department of Public Health.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospitalization being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his or her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Parent/Guardian Signature _____

Date _____

CENTURY HIGH SCHOOL BAND
TRAVEL PERMISSION SLIP AND INFORMATION SHEET
2016-2017

Student's Full Name _____
Male ____ Female ____ Grade (circle one) 8 9 10 11 12

Student's Cell Phone _____ Shirt Size: S M L XL 2XL

Student's Email _____ Instrument/Group _____

Student primarily lives with: Father Mother Both

Father's Full Name _____

Address _____

Zip _____

Home Phone _____ is this # unlisted? _____

Employer _____

Father's Work # _____ Father's Cell # _____

E-mail address (es) _____

Mother's Full Name _____

Address (if different) _____

Zip _____

Home Phone _____ is this # unlisted? _____

Employer _____

Mother's Work # _____ Mother's Cell # _____

E-mail address (es) _____

Emergency Names & Numbers: _____

As the parent or legal guardian of the above-mentioned student, I give my permission for him/her to travel with the Century High School Band during the school year. It is understood that all rules and regulations of the school and of the organization must be followed.

Parent/Guardian Signature _____

Date _____