

Johns Creek High School Orchestra
Medical Consent Form

MEDICAL PERMISSION

My child, _____, has permission to accompany the Johns Creek High School Orchestra on the Midwest trip departing December 20, 2017 and returning on December 23, 2017. In the event of illness or accident, I hereby give my consent for the necessary emergency medical treatment of said child. This includes permission for the treatment of my child by a physician at a hospital for any medical or surgical emergency.

Hospital Insurance Company: _____

Policy # _____ Group # _____

Parent/Guardian Signature

MEDICAL INFORMATION

My child has permission to take:

| | | |
|---------------|-----------------|--------------------|
| Aspirin _____ | Dramamine _____ | Alka Seltzer _____ |
| Advil _____ | Vitamins _____ | Pepto Bismol _____ |
| Tylenol _____ | Maalox _____ | |

List by name any medications (prescription and over the counter) presently being used:

List any medical conditions _____

List any allergies _____

Special dietary needs _____

Note: You must provide your child with an additional set of contacts, glasses, etc.. as appropriate. If your child may need the above medications, please provide an ample supply in the original container.

Sworn and subscribe before me this _____ day of _____, 2017

Notary Public