

# Medical Permission Form

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This medical permission form must be completely filled out by every student attending a MA DANCE or MARCHING AUXILIARIES camp. Have enough copies of this form photocopied for your group members.

STUDENT NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Name of Parents or Guardians \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Parents' Business Phone ( ) \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Is Student Allergic to any Medication? \_\_\_\_\_ If so, please list \_\_\_\_\_

Other Medical Comments \_\_\_\_\_

Name of Family Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

I/We, \_\_\_\_\_ the parents/guardians of \_\_\_\_\_

hereby grant permission for MARCHING AUXILIARIES to take my child to the college infirmary and/or local hospital for medical treatment in case of illness or injury.

I/We authorize any attending physician to medically treat this child as deemed appropriate.

I/We realize that any medical cost incurred due to illness / injury is our responsibility and not that of Marching Auxiliaries.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

Date: \_\_\_\_\_

