

Glen Allen High School
Band and Orchestra

**Authorization to Consent to Medical Care
School Year 2024-2025**

Student Name _____ 24-25 Grade _____

Parent/Guardian Name(s) _____

Address _____

Home Phone _____

Work Phone _____

Cell Phone _____

I, _____, a lawful parent or guardian of the following child: _____, hereby appoint Glen Allen High School Band Boosters to be my lawful attorney-in-fact (agent) to perform any and all acts that I might perform if I were present for the following purpose:

To authorize any and all emergency medical treatment for the health and well-being of my child while participating in any band activity including, but not limited to, practices, games, competitions and band trips.

Emergency contacts: List two with phone numbers

Name _____ Phone _____

Name _____ Phone _____

Health Insurance _____

Address _____

Phone Number _____ Policy Number _____

Subscriber Name _____

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Medical History:

Does your child have any allergies to medicines? If so, please list:

Does your child have any other allergies? If so, please list:

Does your child have any long-term medical problems we should be aware of? Please explain:

Please list names of all medications your child is taking:

Is there anything else we should know?

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (please print): _____