

**NEW MANCHESTER HIGH SCHOOL BAND**  
**4925 HWY 92/165 Douglasville, GA 30135**

CONSENT FOR MEDICAL TREATMENT

STUDENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

GRADE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

PHONE # H: \_\_\_\_\_ W: \_\_\_\_\_

MOBILE: \_\_\_\_\_

PLEASE LIST 2 EMERGENCY CONTACTS (Other than parents)

NAME	RELATION SHIP	HOME PHONES	MOBILE PHONE
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1) \_\_\_\_\_

2) \_\_\_\_\_

**MEDICAL INFORMATION**

All informal on this form is confidential and will only be seen by the band director and/or staff and chaperones who are responsible for medical care.

ALLERGIES (Medical and Environmental) \_\_\_\_\_

\_\_\_\_\_

CURRENT MEDICAL CONDITIONS \_\_\_\_\_

\_\_\_\_\_

CURRENT MEDICATIONS \_\_\_\_\_

\_\_\_\_\_

IMPORTANT MEDICAL HISTORY INFORMATION \_\_\_\_\_

\_\_\_\_\_

DATE OF LAST TETANUS \_\_\_\_\_

LIST OF OVER THE COUNTER MEDICATION ACCEPTABLE TO ADMINISTER TO YOUR  
STUDENT \_\_\_\_\_

\_\_\_\_\_