

Consent & Medical Authorization



School: Olathe East High School
Activity: Band events detailed in the attached calendar
Scheduled Date: August 2024-May 2025

_____ has my permission to attend the activity/event listed on the scheduled date. I understand that the activity/event is a school sponsored event and may result in absence from regularly scheduled classroom time or activities. I understand that if my student must be sent home early for disciplinary reasons, it will be at my expense. The school district representative supervising the activity/event is hereby granted my permission to seek and authorize any medical treatment that may be necessary for the health and well-being of _____ in the event of accident or injury while he/she is attending the activity/event listed above for which my permission has been given.

Dated: _____ 20 _____

Parent / Guardian (circle one)

TO BE NOTARIZED AS APPROPRIATE:

STATE OF _____

COUNTY OF _____

BE IT REMEMBERED THAT ON THIS _____ day of _____, 20_____, before me, the undersigned, a Notary Public in and for the County and State aforesaid, came _____, who is personally known to be the identical person who signed the above foregoing Consent and Medical Authorization, and acknowledged to me that he/she signed the same freely and voluntarily and knew the purpose for which said instrument was to be used.

IN TESTIMONY WHEREOF, I have hereunto affixed my official seal and signature the day and year last written above.

My appointment expires: _____ NOTARY PUBLIC

Consent of Parents/Guardian – Medical Care & Treatment Form

Student Name:		Date of Birth:
Parents' Names:		
Telephone (Home)	(Work)	(Cell)
Home Address:		
City	State	Zip:
Name of Family Doctor:		Telephone:
Address:		
City	State	Zip:
If you or the doctor cannot be notified, in an emergency notify:		
Name:		Telephone:
Address:		
City	State	Zip:
Health Insurance Company		Telephone:
Address		
City	State	Zip:
Policy Number:		Group Number:

Health Statement

Allergies: (including medications)	Allergic Reaction	Recent Health Problems

Circle any of the following that apply to the student:

Asthma	Allergies	Anaphylaxis	Diabetes	Heart Condition
Seizures	Fainting	Bipolar	Depression	Digestion Issues
Acid Reflux	ADD/ADHD	Hypothyroidism	Hypoglycemia	Migraines
Anxiety	Other:	Other:	Other:	Other:

Comments:

Present Medications	Dietary Restrictions
<u>1)</u>	<u>1)</u>
<u>2)</u>	<u>2)</u>
<u>3)</u>	<u>3)</u>
<u>4)</u>	<u>4)</u>