

LAST NAME _____

lafayette choir

Mr. Ryan Marsh, Director • Ms. Laura Gabbard, Vocal Instructor/Director
401 Reed Lane • Lexington, Kentucky 40503 • 859-381-3492
www.lafayettechoir.org

MEDICAL PERMIT

I hereby consent for a qualified physician or surgeon to examine, diagnose, prescribe and perform treatment, including surgery, that is deemed advisable for the welfare of:

STUDENT'S FULL NAME _____

I give my permission for the above named to take: Tylenol (Acetaminophen) Advil (Ibuprofen)
 Dramamine Immodium Benadryl Emetrol (nausea & vomiting) Other None

NOTE: Medications will not be given under any circumstance without prior permission from parent/guardian. No student is permitted to have prescription or non-prescription medication on his/her person at any time.

Please list any medical concerns and/or medications the student currently takes: _____

List any known allergies:
Medications _____
Food _____
Environmental _____

Date of Last Tetanus Inoculation: _____

INSURANCE COMPANY _____ POLICY NUMBER _____
SUBSCRIBER NUMBER _____ GROUP NUMBER _____
PERSONAL PHYSICIAN _____ PHYSICIAN'S PHONE _____

If an operative procedure is recommended, I hereby consent to the administration of any anesthetic, general, local, or both by a qualified anesthesiologist. If a blood transfusion is necessary, I consent to this procedure. I understand that no one connected with Lafayette High School, Fayette County Public Schools, or the Lafayette Chorus Boosters, Inc. assumes liability for any injury incurred by the participant. I agree to pay all costs incurred by the participant(s) for the hospital bills, physician fees, and ambulance fee.

I understand that I will be contacted by someone in authority at the time my child is admitted to the hospital and/or treated by a physician.

DATE: _____ PARENT/GUARDIAN SIGNATURE _____
RELATIONSHIP TO STUDENT _____

Emergency Contact Numbers:

Parent Home: _____ Parent Work: _____
Parent Cell 1: _____ Parent Cell 2: _____
Additional Emergency Contact: _____