Booker HS BAND, Booker, TX 2022-2023 CONSENT FOR MEDICAL TREATMENT

TO WHOM IT MAY CONCERN, I, the undersigned parent or guardian of:

Name of Student	Date of Birth			
	Director or any chaperone of the <i>Booker HS</i> Band Boosters standing medical and/or surgical procedures from a physician or hospital the above named minor.			
Signature	Date / /			
Parent's Printed Name				
GE	NERAL INFORMATION			
Student	Phone ()			
Address				
City 7	Cip			
Father's Name	Bus. phone			
Place of Business				
Mother's Name	Bus. phone			
Place of Business_				
ALTERNATE TO	NOTIFY IN CASE OF EMERGENCY			
Name				
Relationship	Phone			
City	State Zip			
FINAN	NCIAL CONSIDERATIONS			
	rvices and goods rendered by or through the attending physician(s), ent in full, immediately upon receipt of the final billing.			
SIGNATURE	OVER DATE			
	<u>OVER</u>			

Booker HS BAND, Booker, TX 2022-2023 MEDICAL INFORMATION FORM

SEX	(M)	(F)	BIRTH DATE	/	/	INSURANCE CARRIER:
PARE	PARENTS					POLICY #:
			THE QUESTIONS BELO			ative that we have medical information in
1.	DOE	S THE ST	UDENT HAVE CHRON	IC HEAI	ЛН PR	OBLEMS?
2.	IS TI	HE STUDE	ENT ALLERGIC TO AN	Y MEDIO	CINES?	· _
3.	DOE	S HE / SH	E HAVE ALLERGIES?			
4.	IS H	E / SHE CU	JRRENTLY TAKING A	NY MED	ICATIO	ONS?
5.	WHA		_			TANUS SHOT?
6.	PLE	ASE LIST	ANY ADDITIONAL PEI	RTINEN	Γ INFO	RMATION
FAMII	LY PH	YSICIAN				
TELE	PHON	E & ADDR				
permi	ssion t	to give ove				erones of the Band Boosters have my Maalox, Sudafed, Ibuprofen or