

**OPELIKA MIDDLE SCHOOL BAND  
Medical Information and Consent Form**

I (we), the undersigned parents or legal guardians of \_\_\_\_\_, a minor, give permission for said minor to travel with the Opelika Middle School Band during the period August 8, 2005 through June 1, 2006. We also hereby authorize and consent to any needed emergency medical treatment (physical examination, X-ray, medication, emergency surgery, and anesthesia) by any member of the medical or emergency staff of a duly licensed hospital.

I further authorize Mr. Rick Holland, Band Director, or Mr. Lance Pruitt, Band Director, to select a medical doctor and/or hospital of his choice for the purpose of diagnosis of the above minor. If Mr. Holland or Mr. Pruitt is incapacitated the ranking officer of the Opelika Band Boosters or other designee, serving as a chaperone for the group will make the selection. It is my understanding that I (we) will be responsible for all costs incurred from any emergency medical treatment of the above minor.

List any medical problems/restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any medications now being taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Medical Insurance Company : \_\_\_\_\_

Insurance Policy Number : \_\_\_\_\_

Type of Coverage : \_\_\_\_\_

Signature: \_\_\_\_\_ Date : \_\_\_\_\_

Signature: \_\_\_\_\_ Date : \_\_\_\_\_