

HILLSBOROUGH HIGH SCHOOL BAND MEDICAL INFORMATION AND CONSENT FORM

Band Camp, Lake Greeley, PA, August 28- September 1, 2011

To Be Completed & Signed by a Parent/Guardian (NOT student)

Student's Name _____

Grade _____

KINDLY LIST ANY HEALTH HISTORY OR CONCERNS WE SHOULD BE AWARE OF:

NOTE: According to Board of Education policy ALL medication including over the-counter medication such as pain relievers, and cold or allergy medicine requires a written statement by BOTH the parent/guardian AND the prescribing physician.

_____ YES, my son/daughter will need to take medication during the trip to Lake Greeley Camp.
I am attaching the required form from to be completed by our private physician and parent/guardian.

_____ NO, my son/daughter does not need to take any medication during the trip to Lake Greeley Camp.

Medical Treatment Consent:

I, _____, have read the student information and responsibilities
(Please print parent name)
for the trip to Lake Greeley Camp and hereby give my son/daughter _____
permission to attend. (student name)

I give permission for my child to receive medical treatment if needed while on this trip. I also give permission for the authorized parties listed below to act on my behalf in the event that my child will need emergency medical treatment and I am unable to be contacted in a timely manner.

Authorized Parties:

Julie Haran
Raymond Fantuzzi
Jamie Pallas

Date

Parent/Guardian Signature

Daytime Phone where I can be reached during the trip

Evening Phone where I can be reached during the trip

This form must be filled out for EVERY STUDENT and returned to Jules by August 17, 2011.