

THIS FORM NEEDS TO BE NOTARIZED

BAND

Grade in 2011-2012: _____

**Grimmer Middle School Music Department
Medical Information & Yearly Field Trip Permission Form**

I, (We) _____ and _____, residing at
Street _____ City _____ IN, Zip _____

As parent(s) or legal guardian(s) of _____, a minor,
(Age _____ Birth Date _____), I (we) do hereby give permission for the above named child to receive any necessary
examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered under the general or special
supervision and on the advice of any physician or surgeon licensed to practice medicine. I also agree to my child's participation
in any field trips relating to the Grimmer Music Department.

This form will be in effect for all Grimmer Music activities for the period from May 15, 2011 to Aug. 15, 2012.

I give authorization to the Music Director and/or their designee to give consent for treatment while my child is participating in
any Grimmer Music activity. I, (We) can expect to be notified by the director or his assigned head chaperone in as timely a
manner as possible regarding any treatment rendered, covered by this agreement.

Parent (Guardian) Home Phone _____ Work Phone _____ Cell _____
Other emergency contacts: Name Phone Relationship

MEDICAL HISTORY

Family Doctor _____ Phone _____

Health Insurance Carrier _____ Policy No. _____

Existing medical conditions _____

Regularly taken medications _____

Allergies _____

Date of last Tetanus injection or booster _____

*** PLEASE ATTACH COPY/COPIES OF INSURANCE CARDS TO THIS FORM.**

In the event of minor illness or injury I give staff or chaperone permission to administer --

_____ First Aide _____ Tums _____ Tylenol _____ Dramamine _____ Ibuprofen _____ Prescription Medication
(Given to Chaperone)

Signature(s) or Parent(s) or Guardian(s):

_____ -- _____

**** ATTN – NOTARY: Only 1 parent signature is required for this form, even if there are two
names/signatures shown above. Thank you.**

Subscribed and sworn to before this _____ Day of _____ 20 _____.

Notary Public _____ Lake County, Indiana

My commission expires _____.

THIS FORM NEEDS TO BE NOTARIZED

Fall 2011

Dear Parents,

On the back side of this page, you will find the Grimmer Music Department **Medical Form**. We **MUST** have this on file for all outings.

Please note that this form **MUST be notarized**. This can be done in various ways:

1. Your local bank should have a notary public, if there is a fee it would be only \$1-\$2.
2. Many businesses/employers have a notary public available in their office.
3. If available during the school day (8:00-4:00), you can come to Grimmer and have it notarized by Debbie Boyer (main office school secretary) or Becky Plantinga (music office aide). There is no charge for this service.
4. All UPS locations have a notary public (\$2.00 fee, I believe). There is a UPS store in Schererville, right on Route 30 in the strip mall (with El Amigos, Wt. Watchers, etc.) and another store in Dyer on Route 30 (near Coldstone). They are generally open later as well as Saturdays, to accommodate your work schedule.

The parent signing the form will need to produce a D.L. when having it notarized. You do NOT need both parent signatures on the form.

Thank you for returning this form ASAP!!!