

Columbus East High School Performing Arts

Medical/Travel Consent Form 2 pages

Student Name _____ **Cell #** _____

Student Address _____

Student DOB _____ **Student Email** _____

Parent/Guardian #1 Name _____

Parent/Guardian #1 Address _____

Cell # _____ **Work #** _____

Parent/Guardian #2 Name _____

Parent/Guardian #2 Address _____

Cell # _____ **Work #** _____

Emergency Contact Name (other than parent) _____

Cell # _____ **Work #** _____

Relationship to Student _____

Medical Information

Student's Doctor/Practice _____

List of Known Allergies _____

Date of Last Tetanus Immunization _____

Current Medications (list name & dosage) _____

Medical Condition(s) that may affect the student's performance or condition(s) we should be aware of

_____ additional space on 2nd page

Medical Insurance Company _____

Policy and/or Group # _____

Name of Policy Holder _____

I authorize the Directors in the Performing Arts Dept. at Columbus East HS to consent to any x-ray, exam, anesthetic, medical or surgical treatment/diagnosis and hospital care that will be rendered to the minor child under the general or special supervision & admit such visitors to the Emergency Dept., surgery and/or delivery rooms that are sanctioned in the policies established by the Board of Trustees of Columbus Regional Hospital.

Parent/Guardian Signature _____ **Date** _____

Please read & sign 2nd page

Permission to Travel

I hereby give permission to my son/daughter to travel with the Performing Arts Department to contests and other events as needed. Transportation will be through the Bartholomew Consolidated School Corporation Transportation Department.

Parent/Guardian Signature _____ **Date** _____

Space for Additional Information
