

PERMISSION AND MEDICAL RELEASE
The Singing School at Abilene Christian University

Student Full Name: _____
Date of Birth _____ SS# _____
Parent(s) or Guardian(s) _____
Address _____ City _____
Zip _____ Phone # _____ Work # _____
Cell Phone or Pager # _____
Family Physician:
Name _____ Phone _____
Address _____ City _____

Is this child covered by any medical or hospitalization insurance? _____
Name of Insurance Co. _____
Address _____
City _____ Zip Code _____
Phone _____ Policy No. _____
Name of Policy Holder _____

Allergies: Penicillin _____; other drugs _____;
Insect Stings _____; Ivy Poisoning _____;
Hay Fever _____; Any Other _____

Are shots current? Yes ___ No ___ Date of last Tetanus Shot _____
Is student on any medications? _____ If so, indicate _____
Will this student bring these medications? Yes _____ No _____

Does your child have (or has ever had) any of the following: (circle and explain below) Seizure disorders - Asthma - Heart murmur - Diabetes - Hay fever - Kidney disease.

MEDICATIONS

The following lists of medications are those available to your child for minor medical complaints. PLEASE INITIAL ONLY THE MEDICATIONS THAT YOU GIVE PERMISSION FOR THE SINGING SCHOOL STAFF TO ADMINISTER TO YOUR CHILD. Generic brands may be substituted for name brands.

___ Tylenol
___ Benadryl ointment
___ Tinactin ointment (ring worm)
___ Ibuprofen (Advil, Motrin) ___ Antibiotic ointment ___ Hydrocortisone Cream
___ Chloraseptic throat spray
___ Sudafed ___ Caladryl lotion ___ Mylanta ___ Benadryl
(Oral) ___ Maalox
___ Robitussin DM ___ Other _____

Over-the-counter medications will be administered under the following conditions: (1) Signed permission of parent. You will be notified of disbursement only if your child exhibits: (1) Elevated temperature, (2) Continued visits for the same complaint.

Procedure for disbursement of prescription medication will be as follows: (1) Completion of the medical release form, (2) Medication is in the original pharmacy labeled container.

I give The Singing School Staff permission to give the above-initialed medications.

X _____

Signature of Parent/Guardian Date

MEDICAL EMERGENCY - PERMISSION TO TRANSPORT STATEMENT

I do hereby state that I am the parent or guardian of the child named on this form. In order to expedite care of this child, I hereby give my permission for the responding emergency team to immediately initiate treatment and transport of this child to the preferred or appropriate medical facility, according to what they deem is indicated by the nature or extent of the injuries. I agree to be financially responsible for this child's treatment and transport. I will notify The Singing School at ACU of any changes of this information in writing.

SIGNED: _____ Parent/guardian Date: _____

PERMISSION TO TREAT STATEMENT

I/We, _____
Of _____, City of _____

Street and Mailing Address

County of _____, State of _____

And/are the parents/have legal custody of _____

A minor, age _____ born _____ who resides with me/us at the address set forth above.

IN CASE OF AN EMERGENCY, I/WE authorize any representative of the Singing School Staff, in whose care the minor has been entrusted, to present such minor to an approved medical treatment center, and do consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general practitioner or surgeon licensed to practice in any state of the United States, and do consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care, to be rendered to the minor by a dentist licensed to practice in any state in the United States. I agree to be financially responsible for this child's treatment. I also request that I be notified of my child's condition and admission as soon as possible.

Dated this _____ day of _____, 20_____.

Signature of Parent/Guardian

X _____