

STUDENT: _____ DOB _____ GRADE: _____
Last Name, First Name

TEMPORARY MEDICAL GUARDIANSHIP

TO WHOM IT MAY CONCERN:

I (we) the undersigned, _____, are the natural parents or legal
(please print)
guardians of _____. During our absence he/she
has been placed in the temporary care of **Little Elm High School Band**, who is/are empowered by this
statement to call for and authorize medical care and assistance in the event of injury, accident or illness
involving our child or children. It is my (our) intention that this statement serve as authorization for such
medical care to be administered during the following period of time:

Beginning Date **1 August 2007** through the Ending Date **1 August 2008**.

In the event that further medical consultation is required, the **physician** who has most recently examined the
child/children is: _____ Phone: _____

Known Allergies: Drugs: _____ Foods: _____
Last Tetanus: _____

List all medical conditions, history of surgeries, and serious injuries (use other side if needed):

List Names and Doses of all regular medications:

Insurance information (please attach a copy of your insurance card)

In case of emergency, the following person/people is/are also authorized to give consent for treatment if the parent/legal guardian
cannot be reached:

Name: _____ Relationship: _____
Phone: _____ Other Phone: _____

Parent/Legal Guardian: _____
(please print) (date)

Signature _____

Emergency Contact Numbers for Parents (include Home, Work, **and** Cell phones)

PRIVACY STATEMENT

For your information, please be advised that all information on this form will only be used to assist in obtaining emergency medical
treatment.

I have read and understand the above Privacy Statement.

Parent/Legal _____ **Student** _____
Guardian Signature / **Signature** /
Date Date