

LAST NAME \_\_\_\_\_

# lafayette choir

Mr. Ryan Marsh, Director • Ms. Laura Gabbard, Vocal Instructor/Director  
401 Reed Lane • Lexington, Kentucky 40503 • 859-381-3492  
www.lafayettechoir.org

## MEDICAL PERMIT

I hereby consent for a qualified physician or surgeon to examine, diagnose, prescribe and perform treatment, including surgery, that is deemed advisable for the welfare of:

**STUDENT'S FULL NAME** \_\_\_\_\_

I give my permission for the above named to take: ☐ Tylenol (Acetaminophen) ☐ Advil (Ibuprofen)  
☐ Dramamine ☐ Immodium ☐ Benadryl ☐ Emetrol (nausea & vomiting) ☐ Other ☐ None

**NOTE:** Medications will not be given under any circumstance without prior permission from parent/guardian.  
No student is permitted to have prescription or non-prescription medication on his/her person at any time.

Please list any medical concerns and/or medications the student currently takes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any known allergies:

Medications \_\_\_\_\_

Food \_\_\_\_\_

Environmental \_\_\_\_\_

Date of Last Tetanus Inoculation: \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

SUBSCRIBER NUMBER \_\_\_\_\_ GROUP NUMBER \_\_\_\_\_

PERSONAL PHYSICIAN \_\_\_\_\_ PHYSICIAN'S PHONE \_\_\_\_\_

If an operative procedure is recommended, I hereby consent to the administration of any anesthetic, general, local, or both by a qualified anesthesiologist. If a blood transfusion is necessary, I consent to this procedure. I understand that no one connected with Lafayette High School, Fayette County Public Schools, or the Lafayette Chorus Boosters, Inc. assumes liability for any injury incurred by the participant. I agree to pay all costs incurred by the participant(s) for the hospital bills, physician fees, and ambulance fee.

I understand that I will be contacted by someone in authority at the time my child is admitted to the hospital and/or treated by a physician.

DATE: \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_

## Emergency Contact Numbers:

Parent Home: \_\_\_\_\_ Parent Work: \_\_\_\_\_

Parent Cell 1: \_\_\_\_\_ Parent Cell 2: \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_