

ALPINE SCHOOL DISTRICT

Consent and Authorization Form

Name of Participant _____ Date of Birth _____
 Home Address _____
 Home Phone _____ Parent's Business Phone _____

CONSENT TO PARTICIPATE

I give my consent for the above named student to participate in the following activity of Alpine School District:
 Combined Choir Tour to Anaheim, California

AUTHORIZATION FOR MEDICAL TREATMENT

I authorize Jim Wilcock or any other school supervisor involved in the above named activity, as my agent(s) to consent to any necessary emergency medical or dental treatment.

This authorization shall remain effective until April 9, 2018

 Date

_____ Date _____
 Signature of Parent or legal Guardian

MEDICAL INFORMATION TO BE USED AS NECESSARY

Health and Accident insurance in force (Company): _____

Policy Number: _____

Do you have or require any of the following:

Special Diet?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Allergies?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Chronic or recurring illness?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Medication?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Physical Condition that would limit activity?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has the student had surgery or a serious illness in the past year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If the answer is yes to any of the above, give full particulars of each. (Use the back of this form if necessary)
 Please supply any other information which should be known by the supervising teacher.

NOTARY: