

# Chestatee Middle School Chorus Medical/Travel Consent Form



Full Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ ID# \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Home Phone \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_ Moblie Phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_ Moblie Phone \_\_\_\_\_

Home Email \_\_\_\_\_ Student Email \_\_\_\_\_

Name of Another Party If the Above Cannot Be Reached \_\_\_\_\_

Relation \_\_\_\_\_ Phone \_\_\_\_\_

Student's Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_

Student has the Following Allergies: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

### Check if any of the following apply

Heart Disease \_\_\_\_\_, High Blood Pressure \_\_\_\_\_, Asthma \_\_\_\_\_, Seizures \_\_\_\_\_, Bronchitis \_\_\_\_\_, Diabetes \_\_\_\_\_,  
Contacts \_\_\_\_\_, Glasses \_\_\_\_\_, Dental Appliance \_\_\_\_\_

Other pertinent medical information: \_\_\_\_\_

### ***The Following Must Be Complete:***

Health Insurance Company: \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Policy Number: \_\_\_\_\_ SS# of Policy Holder \_\_\_\_\_

*I hereby authorize Mr. Eric Elliott and whomever they may designate as assistants to seek medical attention for the student listed above. I also give my permission for this student to participate in all scheduled, school approved chorus trips.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***I have read the CMS Chorus Handbook.***

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Parent/Guardian Signature**