

AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE

I, the undersigned parent of _____, a minor, do hereby authorize Joe Bullock or a member of the WCHS Choral Boosters to (i) consent to medical, surgical and dental care for such minor child, (ii) consent to any diagnostic tests, medical, surgical or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist or other health care personnel providing care for such minor child, and (iii) on my behalf, to (a) employ physicians, surgeons, dentists, nurses, and other health care personnel as may be deemed necessary for such minor child, (b) admit such minor child to any hospital, clinic, emergency room, laboratory or other health care or diagnostic facility for examination, treatment, surgery or care, and (c) sign all necessary consents and authorizations. It is understood that this authorization is given in advance of the occurrence of any condition or situation which would necessitate any such medical, surgical, or dental care being required but is given to provide authority to obtain such care if it should be required. I fully understand the consequences of the foregoing statements and sign this AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE knowingly, freely and willingly.

IN WITNESS THEREOF, I have executed this "Authorization to Consent to Medical and Dental Care" this _____ day of _____ 200_.

_____, Parent of _____ Date _____

STATE OF TENNESSEE

COUNTY OF WILSON

On this _____ day of _____, 200_, before me, a Notary Public, personally appeared and known to me to be the person who executed the above Consent and stated that it was executed as her free act and deed.

Notary Public Signature

Notary Public Printed Name

My Commission expires: _____

EMERGENCY MEDICAL INFORMATION

Student Name: _____

Address: _____

DOB: _____

SS#: _____

Allergies: _____

Current medications: _____

Medical Conditions: _____

Contacts or glasses: _____

Physician Information:

Name: _____

Address: _____

Telephone Number: _____

Dentist Information:

Name: _____

Address: _____

Telephone: _____

NOTE: You must provide a copy of the student's insurance card, both front and back side, with these forms.