



Authorization to Treat a Minor

Student Name _____ Grade _____ DOB ____ / ____ / ____

Parent/Guardian Name(s) _____

Address _____

Cell Phone (s) _____

I, _____, a lawful parent or guardian of _____, hereby appoint El Toro High School Instrumental Music & Pageantry Boosters, including chaperones, to be my lawful attorney-in-fact (agent) to perform any and all acts that I might perform if I were present for the following purpose:

To authorize any and all emergency medical treatment for the health and well-being of my child while participating in any band activity including, but not limited to, practices, football games, competitions and field trips for the school year 2023-2024.

Emergency contacts that are not the parent/guardian. Please list two with phone numbers

Name _____ Phone _____

Name _____ Phone _____

Health Insurance _____

Address _____

Phone Number _____ Policy Number _____

Subscriber Name _____



El Toro High School
Instrumental Music & Pageantry Boosters

Medical History

Date of Last Tetanus Shot: _____

Does your child have any allergies to medicines? If so, please list:

Does your child have any other allergies? If so, please list:

Does your child have any long-term medical problems we should be aware of? Please explain:

Please list names of all medications your child is taking:

Regarding Food: Does your student have any of the following

Food Allergies: _____

Strong Dislikes: _____

Strong Preferences: _____

** We are unable to accommodate each and every students preferences/likes. Thought we do make every effort to communicate what will be served in advance.

Is there anything else we should know?

Parent/Guardian First and Last Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

*Authorization is valid until June 30, 2024.