

## El Toro High School Instrumental Music and Color Guard AUTHORIZATION TO TREAT A MINOR

Please initial each section and sign at the bottom:

\_\_\_\_ I, the undersigned legal guardian of \_\_\_\_\_, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital or clinic. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care that the aforementioned physician in the exercise of best judgment may deem advisable. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

List any restrictions: \_\_\_\_\_

\_\_\_\_ I hereby authorize and consent to the examination and/or treatment of minor illness or injury that might occur while at a school activity, by a licensed M.D., D.O., or R.N., who, from time-to-time, would be in attendance as a first-aid provider for that activity.

\_\_\_\_ I hereby authorize and consent to the following over-the-counter medication being dispensed to my minor child by the El Toro High School Instrumental Music Chaperone or staff member: ***Brand name or generic Benadryl; Tylenol; Advil; Tums; Sudafed; Aleve; Midol; Flavored menthol Robitussin cough drops***

Other: \_\_\_\_\_

\_\_\_\_ I hereby authorize and consent to the El Toro High School Instrumental Music or Color Guard Chaperone or staff member dispense, to my minor child, the ***following prescription medication(s)***:  
\_\_\_\_\_.

All prescription medication(s) will be placed in a zip-locked bag and will be in the student's original pharmacy containers with original labels attached which contains the student's name, name of the medication, dosage, time and route.

I understand that these medications must be given to a member of the El Toro High School Instrumental Music or Color Guard Chaperone or staff member prior to events or off-site activities, and must be accompanied with a signed note specifying the condition for which the medications are being given, possible side effects, and any special instructions.

Dispensing of any medications, whether over the counter or prescription, will be done in a confidential manner.

Date of Birth: \_\_\_\_\_

Last Tetanus Booster: \_\_\_\_\_

Allergies to drugs or foods:

\_\_\_\_\_

Current medical conditions:

\_\_\_\_\_

Current routine medications:

\_\_\_\_\_

Special instructions:

\_\_\_\_\_

Parent name: \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/other name: \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Family Physician's Name and Address:

\_\_\_\_\_

\_\_\_\_\_

Phone: (        ) \_\_\_\_\_

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

Policy ID No.: \_\_\_\_\_ Policy contract code \_\_\_\_\_

Policy group # \_\_\_\_\_

**ANY CHANGE OF INSURANCE PROVIDERS AND/OR A MINOR'S MEDICAL INFORMATION REQUIRES A PARENT OR GUARDIAN TO IMMEDIATELY NOTIFY THE INSTRUMENTAL MUSIC DIRECTOR, IN WRITING, AND SUBMIT A NEW AUTHORIZATION TO TREAT A MINOR FORM FOR THEIR CHILD.**

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Date

This consent shall remain in effect until June 30, 2019