

LAKE RIDGE HIGH SCHOOL CHOIR
MEDICAL CONSENT FORM

Student Name:

Name of Insurance Company:

Policy Number:

ATTACH A COPY OF INSURANCE CARD TO THIS FORM

Parent/Guardian:

Home Phone:

Work Phone:

Cell Phone:

Other Contact:

Home Phone:

Work Phone:

Cell Phone:

List any known allergies – drug or food	List any chronic medical conditions

Other information:

If, in the judgment of any representative of the school, my child needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to my child by any physician, nurse, hospital, or school representative. I hereby release MISD and personnel from any financial responsibility for any injury that might occur to my son or daughter during their participation on any trip.

Parent/Guardian Signature: Date:

