

**Lambert High School Stampede  
Medical / Travel Consent Form 2011-2012**

Full Name of Student: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ GA ZIP \_\_\_\_\_

Student's Cell Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Student's e-mail: *Please print carefully* \_\_\_\_\_

Parent or Guardian #1 \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent #1 e-mail: *Please print carefully* \_\_\_\_\_ Cell # \_\_\_\_\_

Parent or Guardian #2 \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent #2 e-mail: *Please print carefully* \_\_\_\_\_

Name of another party if the above cannot be reached \_\_\_\_\_

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

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

Student is Allergic to the following medications: \_\_\_\_\_

Student has the following allergies: \_\_\_\_\_

Student is authorized to carry the following medications: \_\_\_\_\_

If needed, my child may be given: \_\_\_Advil, \_\_\_Tylenol, \_\_\_Sudafed\_\_\_, Other (over-the-counter)\_\_\_\_\_

Check if any of the following apply: Heart Disease \_\_\_\_, High Blood Pressure \_\_\_\_, Asthma \_\_\_\_,

Seizures \_\_\_\_, Bronchitis \_\_\_\_, Diabetes \_\_\_\_, Contacts \_\_\_\_, Glasses \_\_\_\_, Dental Appliance \_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_ Other Pertinent Information Concerning Student's Medical Condition :

\_\_\_\_\_  
The Student Should Carry Health Insurance of Some Kind! If Family or Employer Insurance is Not Available Then the Student Should Carry 24 Hour School Insurance! Students Without Insurance Must Provide a Signed Waiver Letter From the Parents.

***The Following Must be Complete:***

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

Policy Number: \_\_\_\_\_ Social Security # of Policy Holder \_\_\_\_\_

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

I hereby authorize Mr. Scott McCloy and whomever he may designate as his 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 band trips.

Signed \_\_\_\_\_ Date \_\_\_\_\_