

**Millard North High School Band
Parental Consent Form/Responsibility Clause
Medical Permit**

Student Name _____ Date of Birth _____

Address _____ Home Phone _____

Student SS# _____ Mother Name _____

Mother work Phone _____ Mother cell phone _____

Father Name _____ Father work phone _____ Father cell phone _____

Emergency Contact Name _____

Relation to Student _____ Phone Number _____

Family Physician _____ Phone Number _____

Insurance Company and Policy Holder Name _____

Policy Number _____

Medications taken regularly:

Dosage:

Allergies/Allergic Reactions or Allergic Reactions to Medications:

1. _____

2. _____

3. _____