

**Haverling High School
Music Department**

Bus Permission Form

I hereby give permission for _____ to be allowed to ride on school provided transportation for any Music Department trip during the 2009-2010 school year.

(Signature)

(Date)

**Haverling High School
Music Department**

Medical Treatment Form

Student Name _____ **Birth Date** _____
(Last) (First) (M.I.)

Address _____ **Gender** _____

_____ **Phone** _____

Parent/Guardian Name _____

Parent/Guardian Workplace _____ **Phone** _____

Health Insurance For Student _____

Insurance Policy Number _____

Doctor _____ **Phone** _____

Dentist _____ **Phone** _____

Health History: (check)

- _____ diabetes
- _____ orthodontics
- _____ asthma
- _____ epilepsy
- _____ cardiac problems
- _____ other:

Allergies: (check)

- _____ aspirin
- _____ penicillin
- _____ sulfa
- _____ insect stings
- _____ tetracycline
- _____ other medications:

Any other pertinent health information _____

Any medications currently being taken: _____

Parents' Authorization: This health history is correct to the best of my knowledge and the student herein described has permission to engage in all activities, unless otherwise noted by me. I give permission to the physician or hospital selected by a medical representative of the school to hospitalize, secure proper treatment for and to order medications, injections, anesthesia or surgery for my child as named above.

(signature)

(date)