

Johns Creek High School Orchestra  
Medical Consent Form

**MEDICAL PERMISSION**

My child, \_\_\_\_\_, has permission to accompany the Johns Creek High School Orchestra on the Midwest trip departing December 19, 2022 and returning on December 22, 2022. In the event of illness or accident, I hereby give my consent for the necessary emergency medical treatment of said child. This includes permission for the treatment of my child by a physician at a hospital for any medical or surgical emergency.

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

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

**MEDICAL INFORMATION**

My child has permission to take:

Aspirin _____	Dramamine _____	Alka Seltzer _____
Advil _____	Vitamins _____	Pepto Bismol _____
Tylenol _____	Maalox _____	

List by name any medications (prescription and over the counter) presently being used:

\_\_\_\_\_

List any medical conditions \_\_\_\_\_

List any allergies \_\_\_\_\_

Special dietary needs \_\_\_\_\_

Note: You must provide your child with an additional set of contacts, glasses, etc.. as appropriate. If your child may need the above medications, please provide an ample supply in the original container.

Sworn and subscribe before me this \_\_\_\_\_ day of \_\_\_\_\_, 2022

\_\_\_\_\_  
Notary Public