

TEMPORARY MEDICAL GUARDIANSHIP

TO WHOM IT MAY CONCERN:

I (we) the undersigned _____ are the natural parents or legal guardians of _____ . During our absence he/she

has been placed in the temporary care of the **Lamar Middle School Band Staff** who is/are empowered by this statement to call for and authorize medical care and assistance in the event of injury, accident or illness involving our child or children. It is my (our) intention that this statement serves as authorization for such medical care to be administered during the following period of time:

Beginning Date 8-24-09 through the Ending Date 6-10-10

In the event that further medical consultation is required the physicians who have most recently examined the child/children are:

_____ Phone: _____

_____ Phone: _____

Child 's Name: _____ DOB: _____ Last Tetanus Vaccine _____

List of Known Allergies: Drugs: _____ Foods _____

Previous Diagnoses and History ___Convulsions ___Kidney Ailment ___Diabetes ___Asthma ___Bronchitis ___Heart Ailments ___Tuberculosis ___Epilepsy

List all other medical conditions, history of surgeries, and serious injuries: _____

List Names and Doses of all regular medications: _____

Insurance Information (optional but recommended) _____

In case of emergency, the following person/people is/are also authorized to give consent for treatment if the parent/legal guardian cannot be reached:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Parent/Legal Guardian: _____ Signature _____

Parent/Legal Guardian: _____ Signature _____

Emergency Contact Dates, Location and Numbers for Parents _____