

**SPEEDWAY HIGH SCHOOL MUSIC DEPARTMENT  
MEDICAL FORM**

**Please Notarize**

**CONSENT FOR MEDICAL TREATMENT**

I, (We) \_\_\_\_\_ do hereby state that I am (we are) the parent(s) or legal guardians(s)  
(Name)  
of \_\_\_\_\_, age \_\_\_\_\_, born \_\_\_\_\_, who resides with me (us) at  
(Name of Student)  
\_\_\_\_\_  
(Street Address)

I (We) authorize Amy Petermann, representative of Speedway High School in the city of Speedway, county of Marion and state of Indiana, to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the state of Indiana.

**MEDICAL INFORMATION:**

**FAMILY DOCTOR:**  
\_\_\_\_\_

**PHONE:** \_\_\_\_\_

**MEDICAL INSURANCE CARRIER:**

**IDENTIFICATION NUMBER:**  
\_\_\_\_\_

**Member's Name:**  
\_\_\_\_\_

**Benefit Code:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**MEDICAL HISTORY:**  
Allergies, if any, including medication:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL HISTORY (Cont.)**  
Chronic or existing diseases or medical problems  
(e.g., diabetes, epilepsy): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medicines your child is taking now:**  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**IN THE EVENT OF AN EMERGENCY,  
PARENT(S) CAN BE REACHED AS FOLLOWS:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2008

Signature of parent or guardian \_\_\_\_\_

Notary Public \_\_\_\_\_ Date \_\_\_\_\_ My Commission Expires \_\_\_\_\_