

**Pike County Board of Education
Medical Release Form
Treatment Authorization**

To Whom It May Concern:

By reason of _____ participating in a group activity sponsored by
(student's name)
Pike County Board of Education and because he/she is traveling with that group as a
student representative of Pike County Schools, I as parent and/or legal guardian of
him/her hereby authorize any emergency medical treatment by a physician or surgeon
attached to the staff of an accredited hospital, if such treatment be deemed necessary.

Sworn to and subscribed before me This _____ day of _____, 20____. _____ Notary Public, _____, County, Georgia My commission expires _____.	_____ Parent/Guardian I give permission for my son/daughter to receive a pain relief medicine such as Tylenol, in the strict dose prescribe on the container, from the band medical kit as needed on band functions. _____ (parent/guardian)
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PARENT INFORMATION

Father's Name _____	Mother's Name _____
Address _____	Address _____
Zip _____	Zip _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Name of Insurance Company _____	
Address _____	

Insured's Name _____	
Policy Number _____	
Student's Name _____	
Address _____	Date of Birth _____
Zip _____	Phone Number _____

**PLEASE LIST ANY CURRENT MEDICAL CONDITIONS AND/OR
MEDICATIONS ON THE REVERSE SIDE OF THIS FORM!!!**