

# Henry Clay Orchestra Medical Permission Form 2003-2004

I/We, \_\_\_\_\_ parent(s)/guardian(s) of

\_\_\_\_\_, hereinafter referred to as "child", hereby give my/our permission and authorization to David L. Hensley, Director, and any of the designated chaperones, to obtain and approve emergency medical care as required for my/our child during the Henry Clay Orchestra trips for the school year 2003-2004. I/We release and discharge David L. Hensley and any of the designated chaperones from any and all claims, demands, or damages, actions, or causes of action, arising from any and all illnesses or injuries sustained by my/our child during the aforementioned trip.

My/Our child is currently taking the following medications:

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

My/Our child is allergic to the following medications: \_\_\_\_\_

\_\_\_\_\_

My/Our child has the following medical conditions that any physician should be aware of:

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

\_\_\_\_\_  
Medical Insurance Company

\_\_\_\_\_  
Policy and /or Group Number

Your Home Phone Number(s): \_\_\_\_\_

Your Work Phone Number(s): \_\_\_\_\_

Emergency Phone Number(s): \_\_\_\_\_

(Please include mobile or pager numbers if available)

Dated at Lexington, Kentucky this \_\_\_\_\_ day of \_\_\_\_\_, 2003

\_\_\_\_\_  
(Parent(s)/Guardian(s))

State of Kentucky  
County of Fayette

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2003

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