

Warren Central Performing Arts Department

Permission slip and health form

This permission slip is used to authorize your student to participate as part of the Warren Central Performing Arts Program. School authorities, parent chaperones and staff may need to use the medical information provided.

Student Name _____

Mailing Address _____ Zip Code: _____

Home Phone _____ Secondary Phone(s) _____

Email address(es) IMPORTANT! _____

List any allergies _____

List any medications your child is taking _____

List any medications your child may **NOT** take _____

Does your child have any health conditions that may limit their participation in any activities? If so, please explain _____

May the chaperones/staff provide the following to your child on request? (circle each)

Aspirin	Yes or No	Acetaminophen/Tylenol	Yes or No	Midol	Yes or No
Ibuprofen/Motrin	Yes or No	Pepto Bismol	Yes or No	Saline Sol.	Yes or No
Throat lozenges	Yes or No	Aleve	Yes or No	Peroxide	Yes or No
Cough suppressant	Yes or No	Sudafed	Yes or No	Calergy Lotion	Yes or No
Bee Sting Relief	Yes or No	Sunscreen	Yes or No	Eyedrops	Yes or No

Date of last tetanus immunization, month/year _____ Parent initials _____

Does your child wear contact lenses and/or removable dental appliance? _____

Parent / Guardian Name _____

Parent / Guardian Telephone _____ Work _____ Other _____

List a responsible adult to contact in the event a parent / guardian cannot be reached:

Name _____ Relationship _____ Phone _____

Student's Physician _____ Office Phone _____

Insurance Company _____ Phone _____

Address _____ Policy/Group# _____

Name of insured _____

I hereby grant permission for my child (named herein) to participate in all rehearsals, activities, travel, and trips with the M.S.D. of Warren Township, Warren Central Performing Arts Department, and Warren Central High School Band Boosters - involving some water related activities. I understand that this activity does expose my child to the risk of injury or death. I further understand that participation in these trips will involve activities off of school property and that neither the M.S.D. of Warren Township nor its employees will have any responsibility for the condition of non-school property.

Furthermore, if immediate observation or treatment is urgent in the judgment of school authorities, I authorize and direct the school authorities to send my child, properly accompanied, to the hospital, doctor, or dentist most accessible. I further agree to reimburse Warren Central High School for any medical expenses that may be incurred by my child while they are participating in these activities.

Parent/Guardian Signature _____ **Date** _____