

STUDENT NAME _____
STUDENT ADDRESS _____

BIRTHDATE _____
PHONE _____

PURPOSE – TO ENABLE PARENTS AND GUARDIANS TO AUTHORIZE THE PROVISION OF EMERGENCY TREATMENT FOR CHILDREN WHO BECOME ILL OR INJURED WHILE UNDER SCHOOL AUTHORITY WHEN PARENTS OR GUARDIANS CANNOT BE REACHED.

RESIDENTIAL PARENT OR GUARDIAN

Mother's Name _____ Daytime Phone _____

Address: _____ Cell Phone _____

Father's Name _____ Daytime Phone _____

Address: _____ Cell Phone _____

Other's Name _____ Daytime Phone _____

Relationship _____ Cell Phone _____

PART I OR II MUST BE COMPLETED

PART I – TO GRANT CONSENT

I HEREBY GIVE CONSENT FOR THE FOLLOWING MEDICAL CARE PROVIDERS AND LOCAL HOSPITAL TO BE CALLED:

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Local Hospital _____ Phone _____

****Previous medical history, including allergies, medications currently taken, and any physical impairments to which a doctor should be alerted:**

IN THE EVENT REASONABLE ATTEMPTS TO CONTACT ME HAVE BEEN UNSUCCESSFUL, I HEREBY GIVE MY CONSENT FOR (1) THE ADMINISTRATION OF ANY TREATMENT DEEMED NECESSARY BY ABOVE-NAMED DOCTOR, OR IN THE EVENT THE DESIGNATED PREFERRED DOCTOR IS NOT AVAILABLE, BY ANOTHER LICENSED DOCTOR OR DENTIST; AND (2) THE TRANSFER OF THE CHILD TO ANY HOSPITAL REASONABLY ACCESSIBLE. THIS AUTHORIZATION DOES NOT COVER MAJOR SURGERY UNLESS THE MEDICAL OPINIONS OF THE TWO OTHER LICENSED DOCTORS OR DENTISTS CONCURRING IN THE NECESSITY FOR SUCH SURGERY ARE OBTAINED PRIOR TO THE PERFORMANCE OF SUCH SURGERY.

DATE _____ SIGNATURE OF PARENT/GUARDIAN _____

PART II – REFUSAL TO CONSENT

I DO NOT GIVE MY CONSENT FOR EMERGENCY MEDICAL TREATMENT OF MY CHILD. IN THE EVENT OF ILLNESS OR INJURY REQUIRING EMERGENCY TREATMENT, I WISH THE SCHOOL AUTHORITIES TO TAKE THE FOLLOWING ACTION:

DATE _____ SIGNATURE OF PARENT/GUARDIAN _____

I am available to assist the Newton Music Department in the following ways:

- _____ **Are you a social butterfly? Volunteer to help call other parents**
- _____ **Good at basic data entry? Fundraising event assistance**
- _____ **Brute strength: Assisting with equipment at contests (PIT CREW)**
- _____ **Caretakers needed! I am a registered nurse and am able to travel with the band if needed**
- _____ **Tow Band trailer to contests and away performances (26' & 28')**
- _____ **Calling all leaders! Become a music booster officer (Mr. Taylor will contact you)**
- _____ **Got 2 hours a month? Attend music booster meetings on the second Monday of each month 7:00pm**
- _____ **Just call me, and let me know how I can help the students have a great experience**
- _____ **None of the above; I'm too busy**

Name (include both parent/guardian names please)

(_____) _____
Phone Contact Number

Email Address

The Newton Band program has a long and distinguished history of providing top-notch experiences for our students. This history dates back to the 1960's and beyond! **BUT**, to provide that successful, amazing experience takes a lot of behind-the-scenes help from our parent team, the Newton Music Boosters. **PLEASE** consider joining with this worthwhile cause to enhance the band and choir programs here at Newton. There are lots of ways you can be a part, no matter how busy you may be—

- 2 hours a month, offering feedback at? That works!
- 10 hours a month taking charge of Strawberry Festival? Awesome.
- 30 hours a month helping take charge of our soccer or basketball concession stand? You're a saint! (And this position pays!)
- And just about everything in between...