

Will you allow a doctor to treat your child if taken to a medical facility by band staff?

PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORD. Date of
last Tetanus_____

Does your student have any of the following conditions?

_____ Asthma/Wheezing	_____ Skin rash	_____ Freq. sore
_____ Convulsions/Seizures	throat _____ Freq ear aches	
_____ Heart trouble/Murmur	_____ Depression	
_____ Diabetes		

_____ ADHD	_____ Motion Sickness
_____ High Blood Pressure	_____ Anxiety/Panic attacks

_____ Other _____

We (student and parent/guardian) have read the medical information above. We agree it is correct and accurate, and further authorize the band's medical team to act in our behalf in an emergency situation.