

**Decatur High School Band Parents Association
Parental Authorization to Consent
to Medical and Dental Treatment**

I, _____ of the following
(Parent name)

address: _____

City: _____, State: _____, am the parent or legal guardian of
_____, a minor, age _____.
(child's name)

born on _____, who resides with me at the address set forth above.
(child's birth date)

I authorize the DHSBPA chaperones, adults in who care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered the minor under the general or special supervision and on the advice of a physician, surgeon or dentist licensed to practice in the location where the minor may be. I understand that every reasonable effort will be made to contact me in the event that such care is required. I further authorize the DHSBPA chaperones to supervise/assist in the administering of medication to my child, according to my instructions on the the City Schools of Decatur Medication release form. This authorization is in force during the DHS Band tro from Decatur GA to Tuxtla Gutiérrez, Chiapas, Mexico and any associated side trips and activities from April 1, 2011 to April 9, 2011.

Parent or Guardian

Date