

### ACMS Show Choir Medical Consent Form

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Student's last name      Student's first name      Date of Birth  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Address      City      State  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Home phone      Parent's Work Phone      Parent's Cell  
Family Doctor \_\_\_\_\_ Phone: \_\_\_\_\_

In the event your child should want or need over the counter medication, a consent form must be completed by the parent or guardian before medication can be given. This applies only to show choir activities. I authorize a designated show choir parent to give my child the following if needed. Please check all medications or treatments that may be administered to your child.

___ Ibuprofen	___ Pepto Bismol
___ Tylenol	___ Antacid
___ Motion Sickness Medicine	___ Cold Medicine
___ Benadryl	___ Sudafed/Sinus Relief
___ Anti-itch cream	___ Cough drops
___ Anti Diarrheal	___ Neosporin Ointment
___ Gas Relief	___ Eye wash/drops
___ First aid for cuts-scrapes-burns-splinters-strains	

**Allergies:**

\_\_\_ Medications: \_\_\_\_\_ Reaction: \_\_\_\_\_  
\_\_\_ Insects: \_\_\_\_\_ Reaction: \_\_\_\_\_  
\_\_\_ other: \_\_\_\_\_ Reaction: \_\_\_\_\_  
\_\_\_ No known allergies.

List any conditions/medications that should be known:

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Signature      Date

\_\_\_\_\_  
Printed name of Parent or Guardian