

DALTON HIGH SCHOOL

1500 MANLY STREET DALTON, GEORGIA 30720 (706) 278-8757

NAME _____

ADDRESS _____

PHONE NUMBER _____ DATE OF BIRTH _____
(MONTH/DAY/YEAR)

AUTHORIZATION

We hereby give our consent for the above named student (child or ward) to compete in high school band for the Dalton Public Schools during his high school career. In case of an emergency or accident on the school grounds or during any school activity involving my child, _____, which in the opinion of school authorities present requires immediate or surgical attention, I hereby grant permission to said school authorities to obtain the services of a physician or to transport said child to the hospital if it is deemed necessary by school authorities. I hereby grant permission, also, to said physicians to treat said condition unless I am present and re-request otherwise or until I later request otherwise.

SIGNATURE _____ DATE _____

(Parent or Guardian)