

Print, Complete and return to Band

AUTHORIZATION AND CONSENT FOR MINORS

STUDENT NAME _____

In consideration of the benefit to be derived, and in view of the fact that the THOMPSON HIGH SCHOOL BAND is an educational institution, membership in which is voluntary and having full confidence that every precaution will be taken to insure the safety and well being of my son/daughter in activities conducted by the THOMPSON HIGH SCHOOL BAND, I hereby agree to his/her participation in such activities, and waive all claims against the volunteer leaders of the THOMPSON HIGH SCHOOL BAND and officers, agents and representatives of the THOMPSON HIGH SCHOOL BAND. I hereby authorize the volunteer leaders of the THOMPSON HIGH SCHOOL BAND or such representatives of the THOMPSON HIGH SCHOOL BAND as my agent, to consent to such medical or dental examination and treatment and emergency transportation as may be necessary as a result of illness or injury to:

(Student name) _____
which might occur while he/she is participating in a THOMPSON HIGH SCHOOL BAND activity. I further agree to assume responsibility for all expenses incurred as a result of such treatment and shall indemnify the volunteer leaders of the THOMPSON HIGH SCHOOL BAND for any expense they might incur as a result of such illness or injury.

Parent or Guardian Signature

Street Address

City, State, Zip

Home Phone

Office Phone

STUDENT NAME: _____

ADDRESS _____

MOTHER'S NAME _____

HOME # _____ CELL # _____

WORK # _____

FATHER'S NAME _____

HOME # _____ CELL # _____

WORK # _____

***In an emergency, if parents cannot be contacted, NOTIFY:**

NAME _____

PHONE (DAY) _____ (NIGHT) _____

PREFERRED HOSPITAL _____

FAMILY DOCTOR _____ PHONE _____

ALLERGIES

SPECIAL HEALTH CONSIDERATIONS

PRIMARY INSURANCE COMPANY

POLICY HOLDER'S NAME _____

POLICY # _____

PARENT/GUARDIAN

SIGNATURE _____ **DATE** _____

PLEASE MAKE A COPY OF YOUR INSURANCE CARD, CUT IT OUT AND TAPE IT TO THE BACK OF THIS FORM