

Emergency and Medical Form

Needed to participate in MSS, travel or after school activities with the program.
MUST HAVE COPY OF

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

INSURANCE CARD ATTACHED TO BACK