

Medical Consent Form 2010-2011

I, _____, the parent/legal guardian of _____, authorize any emergency medical technician, nurse, or physician that is certified or licensed in the United States to provide any emergency medical treatment and/or transportation to a licensed medical facility for my child in my absence.

I also authorize any doctor or medical facility to provide all medical services needed for my child prior to my arrival. I authorize and direct Jordan J. Tupper to sign for the needed care.

My Child's Physician _____

Address of Physician _____

Phone # _____ Insurance Company _____

Address of Company _____

Phone # _____ Policy and/or Group _____

Parent Signature _____

Phone # _____ Date _____

First person to contact in case of emergency:

Name _____

Phone #: Daytime _____ Evening _____

Second person to contact in case of emergency:

Name _____

Phone #: Daytime _____ Evening _____

My child has no health or physical issues that might cause marching band to be unsafe to his/her health. I understand that marching band by its nature may involve a slight risk and I release Sycamore High School and its representatives from any responsibility related to injury that may occur during band camp, rehearsals, and performances. Any medical costs not covered by my insurance will be my personal responsibility.

Parent/Legal guardian Signature _____

Date _____

**** Make a photocopy of both sides of your insurance card and attach to this form

**** This form must be notarized

Sworn before me on this _____ day of _____, _____

My Commission Expires _____

