

Please sign Part I only or Part II only

IV. CONSENT

PART I: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

PHYSICIAN: _____ PHONE: _____
DENTIST: _____ PHONE: _____
MEDICAL SPECIALIST: _____ PHONE: _____
LOCAL HOSPITAL: _____ PHONE: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. I understand that any costs associated with medical care or transportation will be covered by the parent/guardian.

FACTS CONCERNING THE CHILD'S MEDICAL HISTORY, INCLUDING ALLERGIES, MEDICATIONS BEING TAKEN, AND ANY PHYSICAL IMPAIRMENTS TO WHICH A PHYSICIAN SHOULD BE ALERTED ARE (write "see reverse" if already listed under band camp)

Date _____ Signature of Parent/Guardian _____
Address _____ City/State _____ Zip _____

PART II: REFUSAL OF CONSENT

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Date _____ Signature of Parent/Guardian _____
Address _____ City/State _____ Zip _____

V. EMERGENCY CONTACTS DURING BAND CAMP (AUGUST 1-6 ONLY)

(List in order of person to be called if parent(s)/guardian is not available)

(Please list adults who will be available during the week of band camp)

NAME: _____ RELATIONSHIP _____ HOME PHONE () _____
Last Name First Name WORK PHONE () CELL PHONE ()
NAME: _____ RELATIONSHIP _____ HOME PHONE () _____
Last Name First Name WORK PHONE () CELL PHONE ()

MY CHILD LIVES WITH: _____ RELEASE CHILD TO: _____

(List Mother, Father, Stepmother, Stepfather, Grandparents, Guardians)

VI. EMERGENCY CONTACTS FOR THE REMAINDER OF THE YEAR (List in order of person to be called):

(Please list adults for non-band camp times or write "same as band camp")

NAME: _____ RELATIONSHIP _____ HOME PHONE () _____
Last Name First Name WORK PHONE () CELL PHONE ()
NAME: _____ RELATIONSHIP _____ HOME PHONE () _____
Last Name First Name WORK PHONE () CELL PHONE ()

MY CHILD LIVES WITH: _____ RELEASE CHILD TO: _____

(List Mother, Father, Stepmother, Stepfather, Grandparents, Guardians)