

CMEA CAPITOL SECTION SIXTH GRADE AND MIDDLE SCHOOL HONOR BANDS

EMERGENCY MEDICAL PERMIT

Middle School (7th & 8th grade) - JANUARY 12 & 13, 2018

6th Grade - JANUARY 13, 2018

Students medical forms **must be filled out and present** at the honor band practice and performance with the student's band director.

Name _____ Age _____ Date of Birth _____ Sex _____

School of attendance _____ Band Director _____

Address _____ Home Phone () _____

City, Zip _____ Parent work phone () _____

Mother's cell () _____ Father's cell () _____

Family Physician _____ Phone () _____

Emergency contact _____ Phone () _____

Insurance company _____

Policy holder _____ Policy # _____

Medications needed during honor band

_____ Dosage _____

_____ Dosage _____

Allergies/allergic reactions

Date of last tetanus shot ____/____/____

I hereby give permission for _____ to participate in the 2018 CMEA Capitol Section Honor Band and I assume responsibility for the behavior and actions of my son/daughter. I agree to indemnify and hold harmless CMEA – Capitol Section, CMEA and NAFME and all its volunteers plus all participating schools, school districts and individual members thereof from any liability, lawsuit, cost, expense or claim of any type whatsoever (including legal fees) for any harm, injury or death arising out of the above mentioned activity.

In case of emergency, I hereby give my consent for a qualified physician to perform any medical or surgical procedures they deem necessary to the welfare of this student while participating in this event. It is understood that CMEA, CMEA Capitol Section, and medical personnel will make every attempt to contact parents, guardians, and relatives listed above prior to taking any such actions. Further, this authorization permits said physician to hospitalize, secure appropriate consultation, order injections, anesthesia (local, general or both) or surgery for this applicant if such emergency conditions warrant. The undersigned does hereby assume and agree to pay any indebtedness for physician's own or surgeon's fees and hospital charges for such service.

Parent/Guardian Signature (required)

Print Name _____ Signature _____

Date _____ Relation to student _____