

Parents Consent for Emergency Treatment of Minors

Har-Bur Middle School Music Department

ASBDA GRADE 8 HONOR BAND DAY Torrington Middle School

Tuesday, February 5, 2019

I authorize any licensed physician to provide emergency treatment for:

Name: _____ Age: _____ Phone: _____

while participating in the February 5, 2019 trip away from school.

I understand that this authorization is given prior to any need for medical care, but it is given to avoid unnecessary delay in emergency treatment which a physician may deem advisable in the exercise of his/her best judgement. I presume a reasonable attempt will be made to contact me at:

_____ Phone: _____

Names and phone numbers of three people who can be reached in my absence in the event of an emergency:

1.- _____ Phone: _____

2.- _____ Phone: _____

3.- _____ Phone: _____

Known medical problems: _____

Medications: _____

Allergies: _____

Last tetanus shot: (MUST GIVE DATE) _____

Insurance Company (-ies): _____

Claim Number(s): _____

Physician or Clinic: _____ Phone: _____

Signature of Parent or Guardian

Date

<NO PART OF THIS FORM IS TO BE LEFT BLANK>