

OWU HIGH SCHOOL HONOR BAND FESTIVAL & BAND DIRECTOR BOOT CAMP

FEBRUARY 13-15, 2020

EMERGENCY MEDICAL FORM

Student Last Name: _____ First Name: _____ M.I. _____

Date of Birth: _____ (mm/dd/year)

Parent/Guardian Name: _____ Relation: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Physician's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

List Child Allergies (if applicable): _____

List of Child Medications (if applicable)

As parent/legal guardian I authorize and direct OWU Band Festival Participants, Students, Faculty and Staff to obtain medical care for my child/ward in the event such care is necessary. I understand that, if possible, I will be contacted immediately in the event my child/ward requires medical attention. I grant licensed health care providers or accredited hospitals permission to perform medical and/or surgical procedures that are essential for the treatment of my child/ward and agree to be responsible for payment of such care. I release OWU, its employees, volunteers, students, and agents from any costs, damages, liability, or loss resulting from the exercise of discretion in securing medical care for my child/ward.

Parent/Guardian Signature: _____ Date: _____