

# OWU MIDDLE SCHOOL HONOR BAND FESTIVAL JANUARY 18, 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): \_\_\_\_\_

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List of Child Medications (if applicable)

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*HEALTH/ACCIDENT INSURANCE:* I understand that my child/ward must be covered by health/accident insurance to participate in this event and it is solely my responsibility to ensure my child/ward is covered by health/accident insurance. By signing this form, I attest that my child/ward is covered by health/accident insurance.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_