

**Brighton High School Band
Permission for Emergency Medical Treatment
2009-2010 School Year**

Parents,

Since Medical Malpractice lawsuits have been on the rise lately, many hospitals and doctors will not treat a child without parents' consent (unless it's a matter of life or death). Please fill out and sign this form so that in the event of an emergency, we the staff of BHS Band can do our job of making sure your child receives the best medical attention available. This signed and notarized document must be on file in our Emergency Information File before your child will be allowed to participate in any school sponsored event, field trip, competition, or travel with the BHS Band. All the information contained herein will be held confidential between the band director and parent/guardian and will not be used for any other purpose than emergency medical treatment or conditions.

Members Name: _____ Male ___ Female ___

Parents/Guardians Name(s): _____

Home Address: _____ City: _____

Home Phone: (901) _____ - _____ may this number be submitted to band boosters as a point of contact for important booster information? Yes _____ No _____

Mobile Phone(s): _____, _____

Parent's Work Phone: _____, _____

Person to contact If Parent/Guardian are unavailable:

Name _____ Relationship: _____ phone: _____

Name _____ Relationship: _____ phone: _____

Allergies: _____

Medical Conditions: _____

Daily Medications: _____

Insurance Name: _____

Policy Holder's Name: _____

Parental Consent Statement: I hereby provide consent for my child/ward _____ to represent Brighton High School and travel with the Brighton High School Band to the various activities and trips required throughout the 2009-2010 School year.

Parent/Guardian Signature: _____

Date: _____

Notary Stamp Here

(For notary use) _____

This form is required on the first day of Camp!