

# Parent Consent & Medical Emergency Form

Please read, sign, and return this form to the band director.

**Please Print:**

Student's Name: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

P/G Home/Cell Phone: \_\_\_\_\_ P/G Work Phone: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Another Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Please list any medical allergies, illnesses, or other vital information. (Use back if necessary)

---

---

**Health Insurance Information**

Please Check One:

\_\_\_\_\_ My child has health/accident insurance:

Name of Insurance Co.: \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_

Group Name/Number: \_\_\_\_\_ ID Number: \_\_\_\_\_

\_\_\_\_\_ My child **does not** have health/accident insurance. I understand that I am responsible for all Medical expenses incurred for any accidents, illnesses, or injuries.

Should any of the information on this form change during the school year, please notify the band director at 806.669.4800x1137 or via email at john.benton@pampaisd.net.

~

**I give permission for my child listed above to participate in any and all band activities during the 2021-2022 school year, and to travel with the Pampa Band to events during the school year. I do hereby consent to such school care and treatment as may be given to said student by any physician, athletic trainer, nurse, hospital, or school representative, and hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student. I also give permission to the school district representative to use a copy of this form in case of need for emergency medical treatment while the original is kept with my child's medical records at school. In such a case, the parent/guardian's or alternate emergency contact will be notified as quickly as possible.**

Parent/Guardian Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

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