

STUDENT'S NAME: _____
Last, First

**FRANCIS HOWELL NORTH HIGH SCHOOL
MUSIC DEPARTMENT – KNIGHTPRIDE MARCHING BAND
AUTHORITY TO OBTAIN MEDICAL AID FORM**

TO WHOM IT MAY CONCERN

I/WE the undersigned PARENT(S)/GUARDIAN(S) of _____ do hereby authorize the director and/or accompanying parent(s) of the Francis Howell North High School's KNIGHTPRIDE MARCHING BAND to have complete custody of MY/OUR child while he/she is participating in out-of-district competitions or concerts. I/WE hereby release the director and/or accompanying parent(s) from any and all liability in connection with said activity for any action taken by them which may results in damage to persons or property.

Further, I/WE authorize the director and/or accompanying parent(s) to obtain for MY/OUR child _____ whatever medical aid which might be necessary during said activities, and I/WE agree to pay all costs of same. I/WE further agree to reimburse said director and/or accompanying parent(s) for any monies advanced by them for such purpose, and further indemnify and hold said director and/or accompanying parent(s) harmless from any and all claims for medical bills or medical expenses arising from any such medical aid so rendered to or for mentioned child.

EMERGENCY INFORMATION:

Allergies _____

Date of last tetanus shot _____

Other Medical Conditions _____

Medical Insurance Company _____

Policy or Group Number _____

Carried Under Name of _____

Family Doctor _____ Phone _____

Address _____

Father/Guardian _____ Home Phone _____

Address _____ Work Phone _____

Father/Guardian Cell Phone _____

Mother/Guardian Cell Phone _____

Mother/Guardian _____ Home Phone _____

Address _____ Work Phone _____

IN CASE OF EMERGENCY IF PARENT/GUARDIAN CANNOT BE REACHED-NOTIFY

Name _____ Relationship _____

Address _____ Phone _____

Witness MY/OUR signature this _____ day of _____, 20_____

Parent/Guardian Signature

Parent/Guardian Signature