

**MMS BAND PERMISSION FOR EMERGENCY TREATMENT**

I give permission for my child, \_\_\_\_\_, to be treated for a medical emergency while on a trip or activity with the Monronev Band and band directors. This treatment shall include whatever is deemed necessary by the proper medical personnel at any hospital or emergency room, physician's office, or at the site of the accident. This permission form for medical treatment shall be in effect for the entire school year.

My child has the following medical conditions (please list all conditions):

\_\_\_\_\_

Treatment or medication for the above conditions: \_\_\_\_\_

My child has the following allergies (include any drug allergies):

\_\_\_\_\_

Treatment or medication for the above allergies: \_\_\_\_\_

Date of last Tetanus injection \_\_\_\_\_

Name of parent/guardian's medical insurance provider:

\_\_\_\_\_

Policy number or group name: \_\_\_\_\_

Phone numbers in case of an emergency: Home \_\_\_\_\_

Business \_\_\_\_\_ Cell \_\_\_\_\_ Emergency \_\_\_\_\_

I assume full responsibility for payment of any medical expenses incurred by my child during a Monronev Band trip or activity.

Adult's signature \_\_\_\_\_

Date \_\_\_\_\_

Home address \_\_\_\_\_