

2008 MSU Band Camp, June 9-13

Authorization for Medical Treatment Loss/Damage Acknowledgement

Note: This form must be presented prior to admittance to the camp.

Participant Information

First Name _____ M.I. _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Phone Number with AC (_____) _____

Parent or Guardian Information _____

Name _____

Home Phone with AC (_____) _____ Work Phone with AC (_____) _____

Person to Contact in "CASE OF EMERGENCY"

Name _____

Emergency phone number with area code (_____) _____

Please list significant medical information applicable to allergies, nervous disorder, heart trouble, diabetes, epilepsy, prescription drug, etc.

Please list any regular medication or prescription medicine that the student is currently taking, or medication that is necessary for any condition which he/she might have.

AUTHORIZATION FOR MEDICAL TREATMENT

The undersigned parent or guardian of the student named hereon agrees that in the event of an emergency illness or accident that a licensed Medical Doctor and/or Emergency Medical Technician shall be authorized to administer medical or surgical treatment deemed necessary for the emergency treatment of the student.

LOSS/DAMAGE ACKNOWLEDGEMENT

I will reimburse Midwestern State University for any damage to University property or loss of University property for which the above named student is deemed responsible. Please sign below hereby agreeing to the above stated conditions.

Parent/Guardian Signature _____ Date _____