

# Little Miami Band Boosters

## Emergency Medical Authorization and Insurance Disclaimer

Student Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex M F

### In case of emergency, notify:

Parent/Legal Guardian #1 Name: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Parent/Legal Guardian #2 Name: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Alternate 1 contact name: \_\_\_\_\_

relationship to student: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Alternate 2 contact name: \_\_\_\_\_

relationship to student: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

### (circle one)

- A.** We have adequate insurance in the event that he/she is injured or has a medical emergency during practices, trips or performances of Marching Band for the upcoming school year.
- a. Insurance Company \_\_\_\_\_
  - b. Policy Number \_\_\_\_\_
  - c. Policy Holder's Name \_\_\_\_\_
- B.** We do not have major medical coverage. We understand that it is our responsibility to pay for any medical expenses due to injury, illness or medical emergencies during practices, trips or performances of Marching Band for the upcoming school year. We understand that the Little Miami School District and the Little Miami Band Boosters will not be responsible for any medical expenses.

### Parent/Legal Guardian Consent and Agreement for Emergencies

As parent / legal guardian, I give consent to have my student receive first aid and emergency medical treatment by emergency personnel, and to be transported to receive emergency care, if necessary. I understand that I will be responsible for all charges not covered by insurance. I give consent for the Alternate contact person listed above to act on my behalf until I am available.

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