

CONSENT FOR EMERGENCY MEDICAL CARE

As the undersigned parent of _____ I do hereby authorize Huntington Beach Concert Band to call a physician and to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable for my child.

It is understood that a conscientious effort must be made to notify me before such action is taken. It is further understood that I release Huntington Beach Concert Band of all liabilities connected with the transportation, diagnosis, treatment, hospital care and expenses necessary for the treatment of my child.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Name

Date

Number I can be reached at during this time _____

Medical Information:

Pediatrician/Doctor: _____

Insurance: _____

Emergency Contacts:

Additional Information:

Known allergies _____

Reaction to any medication _____

All immunizations are _____ current _____ not current