HAWAII CONTRABASS FESTIVAL 2008
CONSENT FOR TREATMENT OF A MINOR

Please read and complete **both sides** of this Consent Form and bring it with you when you and/or your child check in for registration. In the event of an emergency, this form will allow us to help your child without delay. **A separate form must be submitted for <u>each</u> child attending the workshop.**

PLEASE PRINT CLEARLY.

I, ____, declare that I am the Father/Mother/Guardian of
(full name of parent/guardian)

____, a minor aged ___, born _____/_____, 19___.
(full name of minor) (mo) (day) (yr)

Citizenship: ______________________ Social Security # ___________________________

Additional information, if applicable:

Allergic reactions:____

____

Present medications, if any:____

Any past illnesses or other information that could be useful in the event treatment is necessary:

____

____

IN CASE OF EMERGENCY PLEASE CONTACT:

____ _________________________
(name) (relationship)

TEL: __________________ __________________ __________________
(home) (work) (cell)

ADDRESS: ____

FAMILY DOCTOR: ____
(name)
____
(address)
____tel: ______________

Please complete **ONE** of the following **and** the insurance information at the bottom of the page:

1. I grant permission to the Director, Assistants, or other persons responsible for his/her care to act on my behalf for said minor in granting permission for evaluation and treatment of medical or psychological problems. I understand that should a major medical or psychological problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give my consent to such treatment as deemed necessary (including surgery, x-ray examinations and anesthesia to be rendered to said minor by a licensed physician, nurse.)

Date ____________________________ Signature ____
(Parent or Guardian)

2. I do not wish medical or psychological care of any kind except emergency care

to be provided for ____.
(Full name of minor)

Date ____________________________ Signature ____
(Parent or Guardian)

3. I authorize limited care as follows: ____

____

____

to be provided for ____.
(Full name of minor)

Date ____________________________ Signature ____
(Parent or Guardian)

INSURANCE INFORMATION

Name of Company/Carrier: ____

Address ____

City ______________________________ State ______ Zip Code __________________

Policy Holder's Name : ____
(as stated on policy)

Policy Number ____