

MBDA Band Festival Student Emergency Form

PLEASE SUBMIT THIS FORM WHEN YOU ARRIVE FOR REGISTRATION AT THE MBDA BAND FESTIVAL!

Participant Name _____

Age _____ Birth date _____

Parent/Guardian _____

Address _____

Phone (home) _____ (cell) _____

Other emergency contact _____

Phone _____ Relationship _____

In the case of a medical emergency, MBDA will attempt to reach parent/guardian, but if unable to be reached, person in charge has our permission to use his/her discretion in securing medical aid in an emergency. It is understood that neither MBDA or the person responsible for obtaining medical aid will be responsible for expenses incurred, nor will the above mentioned be responsible for the medical results occurring as a result of the aforementioned medical services.

Allergies _____

Reactions to Medicine _____

Special health needs/conditions: _____

Medical Insurance Carrier _____

Policy Number _____

Signed:

Parent/Guardian _____ Date _____