

**HAWAII CONTRABASS FESTIVAL 2010
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 each 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: _____

(over please)

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 _____