



Medical/Emergency Contact Info

Bands of America Honor Band

December 28, 2016-January 4, 2017 • Southern California



BOA HONOR BAND IN THE 2017 ROSE PARADE®

Student Information-Please print

Student _____ First _____ Last _____

Instrument _____

Will a parent or family member be accompanying you? Yes No

If so, did they purchase the Family & Fans package? Yes No

Emergency Contact Information

If a parent is not available, in an emergency, contact:

Emergency Contact _____ First _____ Last _____ Relationship _____

Home Address _____ City, State _____ Zip _____

Emergency Contact Cell Phone (Area Code) _____

Parent Contact Information- Please print

Parent/Guardian _____ First _____ Last _____ Relationship _____

Home Address _____ City, State _____ Zip _____

Home Phone (Area Code) _____ Work Phone (Area Code) _____

Cell Phone (Area Code) _____

Parent Email address (can include more than one) _____

Second Parent/Guardian _____ First _____ Last _____ Relationship _____

Home Address _____ City, State _____ Zip _____

Home Phone (Area Code) _____ Work Phone (Area Code) _____

Cell Phone (Area Code) _____

Parent Email address (can include more than one) _____

Medical Information- Please print

Last Tetanus/Diphtheria immunization date _____
MM / DD / YYYY

Medications – type, dose, and frequency (list) _____

Allergies – include allergies to medications, foods, sting, other substances (list) _____

Physical, medical or other restrictions that would limit activities _____

INSURANCE CARRIER (If you do not currently have insurance you will need to purchase insurance for this trip)

Policy # _____ Group/Plan # _____

Family Physician _____ Physician Phone (Area Code) _____

COPY OF THE FRONT AND BACK OF YOUR INSURANCE POLICY CARD ATTACHED

MEDICAL HISTORY:

- Convulsions
- Bleeding disorder
- Chicken Pox
- Diabetes
- Asthma
- Measles
- Heart defect/murmur
- Surgery (past 2 years)
- Mumps

Brief descriptions and dates of items checked _____

Parent/Guardian Signature

Signature _____ Date _____ Relation to Student _____

Print Name _____

Signature of Health Insurance Policyholder _____

Print Name _____

RETURN THIS FORM BY APRIL 1, 2016 to:

Music for All, Inc.
Participant Relations Department
39 W. Jackson Place, Suite 150
Indianapolis, IN 46225
Fax: 317.524.6200 Email: tournament@musicforall.org

Parental Medical Authority and Release– Please Read Carefully and Fill Out Completely.

I hereby give permission for _____ to participate in the Bands of America Honor Band at the 2017 Tournament of Roses Parade from December 28, 2016 through January 4, 2017. I understand that Music for All, its directors, agents and employees shall not be nor later become, liable or responsible in any way in conjunction with services, for any death, injury, damage, delay or irregularity which may occur while participating in this Music for All sponsored event.

I agree to obtain Medical Insurance that covers hospital bills, doctors' fees and medical transportation (minimum of \$25,000 of coverage) for illnesses occurring during the Honor Band Experience. I understand that should my existing coverages not be applicable to group travel by me/my child, I will arrange for such coverage (by Travel Guard, referred to me/us by Music for All or another underwriter). Baggage Insurance and Extended Tour Cancellation/Interruption Insurance is also recommended but not required. I agree to provide a copy of proof of insurance prior to my arrival in Los Angeles.

I represent and warrant that my son/daughter has had a physical examination performed within the preceding 36 months by a qualified physician, registered nurse or other person recognized by law to undertake that responsibility, and that neither s/he nor I am aware of any physical, mental or emotional impairment which would make it infeasible for him/her to participate in the anticipated program. Music for All requires a written report of this physical examination performed within the preceding 36 months of the parade. This report must be available upon demand from parade/MFA officials.

Also, in case of emergency, I hereby give my consent for a qualified physician to perform any medical or surgical procedures s/he deems necessary to the welfare of my son/daughter while participating in the Bands of America Honor Band at the 2017 Tournament of Roses Parade. I hereby give permission to the Music for All medical staff to observe students self-administer prescription medication and non-prescription medication during the parade week. It is understood that Music for All and medical personnel will make every attempt to contact parents, guardians, relatives listed above prior to taking any such actions, but in the event I cannot be reached for an emergency, I hereby give permission to the physician selected by the MFA to secure and administer such treatment(s) as may be necessary, including hospitalization, for my child as named above and while attending the parade named above. I also authorize Music for All and its agents to release copies of my son/daughter's medical record to hospitals and other physicians to which they are referred and to insurance companies for payment of the medical claim. A photocopy is as valid as the original.

Further, this authorization permits said physician to hospitalize, secure appropriate consultation, order injections, anesthesia (local, general or both) or surgery for this applicant if such emergency conditions warrant. The undersigned does hereby assume and agree to pay any indebtedness or physician's or surgeon's fees and hospital charges for such service, and for any ambulance or any other emergency transportation that may be needed.

I agree to release Music for All (which term shall include itself, and its officers, directors, employees and agents), and agree not to sue Music for All or such persons for, any claims that I may have arising from, or in connection with, any physical or property damage or loss that I may suffer from any cause whatsoever other than the actual sole negligence of such persons. Without limiting the generality of the foregoing, I release Music for All and such persons from, and agree not to sue such persons for, any physical or property damage that I may suffer resulting from acts of God, war, strikes or government restrictions, terrorist activities, or the acts of omissions of any other agents over which Music for All and such persons have no direct control, including, without limitation, airlines, bus companies, railways, shipping companies, hotels, tour operators, performance and rehearsal venues, and guides. Music for All shall have no responsibility for any time that the participant is absent from Music for All supervised activities for whatever reasons, or for any stay-ahead/ stay-behind decisions exercised by my son/daughter.

I am the parent or legal guardian of the above (minor) participant. I have completely read and fully understand the contents of this Medical Authority and Release, and agree to be bound by it and to comply with it.

PARENT OR LEGAL GUARDIAN NAME (Please Print) _____

Signature _____ Date _____