

Medical Consent Form

I, _____, _____ of _____
(Parent/Guardian) (Relationship) (Student name)

hereby authorize in advance any medical treatment required by the above while he/she is participating in Millard West Band Activities. I also insure that the medical information sheet is accurate and complete.

Statement of Insurance

Millard West High School does not provide insurance for the expenses involved in the treatment of activity injuries. An insurance program is available through the school to help defray the expenses should an injury occur. Please contact the Administration Office of Millard West if you wish to receive an application.

_____ presently is insured by _____
(student) (company)

Our policy number is _____

the primary policyholder is _____