



EMERGENCY MEDICAL CONSENT FORM (THIS FORM MUST BE NOTARIZED)

Member's Name _____

Member's Date of Birth _____ / _____ / 19_____ Social Security Number _____

Phone Numbers where parents can be reached:

Home (_____) _____ Work (_____) _____

Cell (_____) _____ Other (_____) _____

Family Physician _____ Telephone Number(_____) _____

Specify any medical conditions of which an attending physician should be made aware (include all medications taken regularly, including dosages):

Insurance Information:

Name of Policy Holder _____

Insurance Company _____

Policy Number _____ Group Number _____

Consent:

If deemed necessary by the Directors during a *Music City Mystique* function, permission is here by granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations, and immunizations for the above named member. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way. If said physician is not able to communicate with me, the treatment necessary for the best interest of the member may be given.

Signature of Member _____ Date _____

Signature of Parent/Guardian (IF UNDER 18) _____ Date _____

NOTARY Signature _____ Date _____
