

2024 Kansas Lions Band
Permission for Medical Treatment Form
MUST BE COMPLETED AND SUBMITTED WITH BAND APPLICATION

To Whom It May Concern:

I, the undersigned, being the parent or legal guardian of _____ do hereby authorize any necessary medical treatment for this person while participating in the 2024 Kansas Lions Band program(s). I also guarantee payment of all charges incurred during this medical treatment, (doctor, hospital, X-ray, ambulance, medications, etc.). In consideration of the Kansas Lions Clubs allowing my son/daughter to participate in related activities, I agree to hold harmless, the Kansas Lions Band Committee and Staff for accidents, injuries or damages as a result of participation in said trip(s). In regard to such person, I submit the following information:

1. Allergies to foods, medications, etc. (If none, so state). Please briefly list allergic reaction.

2. Special medical problems. (If none, so state) _____

3. Is participant currently on medication? Yes No

4. List all medication(s) and daily dosage brought to camp or on trip, including non-prescription medicines

5. Date of last Tetanus shot: _____

6. Family Physician: _____

Office Address: _____ Office Phone: _____

7. Insurance Provider: _____

Policy Number: _____ Group Number: _____

Parent or Legal Guardian Signature: _____ Date: _____

Type or Print name: _____ Witnessed by: _____

Address: _____

Phone #s: (Home, Work, & Emergency; include area code) (H) _____

(W) _____ (Emergency) _____