

# Bremen High School Band 2025-2026

## Emergency Information/Insurance Waiver/Parental Consent

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Known Allergies \_\_\_\_\_ Grade \_\_\_\_\_

Date of Last Tetanus \_\_\_\_\_ Present Medications \_\_\_\_\_

Medical Concerns \_\_\_\_\_

**Guardian Information**

Student Cell phone \_\_\_\_\_

Guardian #1 \_\_\_\_\_ Guardian #2 \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Additional Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Preferred Doctor \_\_\_\_\_

School official, team trainer or coach may apply first-aid treatment and administer over-the-counter medications until parents or family doctor can be contacted, if needed.

Yes \_\_\_\_\_ No \_\_\_\_\_

**PARENTAL AUTHORIZATION:** In case of medical emergency, in the event I cannot be reached, I authorize Bremen City Schools, its agents, employees and other officers to procure and consent to any medical examination, diagnostic process or course of treatment, including hospital care or ambulance service to be rendered to my child by or under the supervision of any duly licensed doctor, dentist, surgeon, or other health care provider. Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby grant my permission for my child to participate in \_\_\_\_\_ (indicate interscholastic sport). Ex: Band

I, \_\_\_\_\_, certify that my child, \_\_\_\_\_,

is covered by \_\_\_\_\_ Insurance Company, and does not wish to be covered by school insurance issued by Bremen City Schools. I waive the right to file claim on any injury that might occur to my child while participating in school activities.

Signed \_\_\_\_\_ Date \_\_\_\_\_