

Bremen High School Band 2026-2027 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 _____