

2020 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 2020 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) \_\_\_\_\_