AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

Mesquite High School - Mighty Maroon Band
Mesquite Independent School District

Name of Minor (Please Print)_____

I,_____, (Parent, Legal Guardian of the above named minor) give consent for and Authorize Medical treatment for the same, while participating in the activities of the Might Maroon Band Organization. Medical treatment is understood to be care by a licensed physician or emergency technician and includes without limitation, x-ray examination and anesthesia, medical, dental or surgical examination or treatment, general hospital care and first aid. No prior determination of life-threatening emergency or danger of serious or permanent injury resulting in the delay of treatment need be made under this AUTHORIZATION. The possession of the AUTHORIZATION by a **Mighty Maroon Band Director or Parent** is evidence that the leader has the care and control of the above named minor.

I indemnify and hold harmless from expenses, claims or liabilities any entity which provides or causes to provide examination, treatment, first aid, or hospital care pursuant to the AUTHORIZATION, and conditionally agree to make or cause to be made, by assignment of third party benefits or otherwise, full and complete payment for such examination, treatment, first aid, or hospital care. I hold harmless the Mesquite Independent School District and its leadership, both professional and volunteer for any treatment decision.

_____

Street or P.O. Box City State Zip Code

Home Phone No._____ Cell Phone No._____

Work Phone No._____

Emergency Contacts:

Name Phone No. Relationship

_____

_____

Family Physician:_____ Phone No._____

Family Insurance and Policy Number:_____

Minor's birthday, allergies, medical problems and last tetanus shot:

_____

I give permission for my son/daughter to receive from the Mighty Maroon Band Parent Organization over-the-counter medications such as, but not limited to, ibuprofen, acetaminophen, and Imodium.

YES NO

Parent or Guardian Signature:_____ Date:_____