

**2017 – 2018 EDMOND MEMORIAL BAND DEPARTMENT
EMERGENCY PROCEDURES & GENERAL WAIVER FORM
(THIS FORM DOES NOT NEED TO BE NOTARIZED)**

In case of injury or serious illness, I hereby grant permission for school employees to secure medical services for the student below throughout the 9th through 12th grades. I further hereby authorize a representative of the school district to consent to medical treatment of my student in the event the representative determines, in his/her discretion that there is an emergency on the activity.

In consideration of permission granted, by the Edmond School District of Edmond, Oklahoma, (the "District") for my student to attend all school-related and/or school sponsored field trips and to participate in any and all school-related and/or school-sponsored activities, for the school year 2017 - 2018, on behalf of myself individually, (the "Student"), and my child, I hereby indemnify, hold harmless, release and discharge the District, its governing board, agents, employees, and officers, from any and all claims, demands, liabilities, actions, judgments, expenses (including attorneys' fees and costs of defense), and executions which may be made by reason of any personal injury to myself or the student (including, but not limited to, serious bodily injury or death), or damage to property sustained by myself or the student, caused by any act, neglect, default, or omission of any person, firm, or corporation, directly or indirectly associated with the field trips, arising, growing out of, or connected to, directly or indirectly, participation in, or association with, field trip(s) or other activities identified above, including but not limited to, the negligence, whether by act or omission, of the District and/or its representatives, agents or employees and/or the strict liability of the District and/or its representatives, agents or employees. I have read this release and consent to medical treatment and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Student Name: _____ M/F: _____
Last First MI

Grade: _____ Date Of Birth: _____

Home Address : _____
Street City Zip

Home Phone: () _____ Father's Work Phone: () _____

Mother's Work Phone: () _____ Other Phone: () _____

Please answer the following questions with either a Yes, No, or other appropriate answer:

Blood Type _____ Diabetes _____ Heart Trouble _____ Epilepsy _____ Contacts/Glasses _____

Drug Allergies _____

Current Medical Conditions _____

Current Prescriptions/Medications _____

Insurance Company & Policy # _____ Phone _____

Family Physician _____ Physician Phone _____

Signature of Parent or Guardian _____ **Date** _____