

# GALESBURG HIGH SCHOOL BAND MEDICAL RELEASE/INSURANCE FORM



**THIS FORM MUST BE SUBMITTED BY THE FIRST DAY OF BAND  
CAMP!!!**

I give my consent for \_\_\_\_\_ to receive medical attention in  
the event of an emergency when the band is traveling out of town during the 2010-2011 school year.

Parent/Guardian Name (printed) \_\_\_\_\_

Parent/Guardian Name (signed) \_\_\_\_\_

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

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

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_