



### Medical Consent

I hereby consent to the treatment of my minor by a medical physician or medical personnel at any hospital or temporary treatment by a registered emergency medical technician until a medical physician can be obtained for any illness or injury occurring during The Anguilla Music Academy class hours. This consent will be effective only if none of the undersigned can be contacted or found at the time of the needed medical treatment. This consent shall terminate as soon as any of the undersigned are contacted in which case further medical treatment can be done only with the consent of the person contacted. This consent shall be valid until revoked in writing by one of the undersigned.

I agree to be financially responsible for the costs of such aid, assistance and/or treatment. I understand that Anguilla Music Academy does not provide any medical insurance for each participant and that I, as the parent and/or legal guardian, am responsible for any medical or health insurance and/or medically-related costs associated with any medical and/or surgical treatment rendered to my minor.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Name of student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Home# \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Home# \_\_\_\_\_

Student Lives with: \_\_\_ both parents, \_\_\_ Mother, \_\_\_ Father, \_\_\_ Guardian

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Provider \_\_\_\_\_

#### Emergency Contacts:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_