



Medical Consent

We hereby consent to the treatment of our 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 GRAMMY Museum's Music Revolution Project Anguilla. 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.

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 _____