



**Permission Forms for 2020 High School Honor Band Day – Saturday, January 25th, 2020**

**Authorization form for treatment of a minor:**

*I hereby authorize representatives from the University of Pennsylvania to consent to emergency treatment for the Participant named below, including securing a medical evaluation and any treatment necessary to preserve life and bodily function unless exceptions are noted below. This authorization shall remain in effect as long as the participant is involved with the program.*

**Exceptions (if none, write 'none'):**

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**Participant is allergic to the following medications:**

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**Other medical conditions that you wish others providing care to be aware of:**

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**Name, Address, and Phone Number of participant's physician:**

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**Insurance Information (MANDATORY)**  
**(please attach photocopy of insurance card to this document)**

Is the participant covered by a health insurance plan? (circle)                      YES                      NO  
Name of Insurance Carrier:

Policy or Plan Numbers

Name of subscriber to policy or plan:

Relationship to participant:

Emergency Contact Information:

<b>1.Name:</b>	<b>Relationship:</b>	
<b>Address:</b>		
<b>Home Phone Number:</b>	<b>Cell Phone Number:</b>	<b>Email:</b>

<b>2.Name:</b>	<b>Relationship:</b>	
<b>Address:</b>		
<b>Home Phone Number:</b>	<b>Cell Phone Number:</b>	<b>Email:</b>

*My son/daughter, \_\_\_\_\_, is participating in the 2020 High School Honor Band, sponsored by the University of Pennsylvania Band. I hereby give my son/daughter permission to participate in the program, and any and all of its activities, and agree to release, indemnify, and hold harmless the University of Pennsylvania from and against any claim which I or my son/daughter may have for losses, damages, or injuries arising out of or in connection to with my child's participation with the program. It is agreed that my child's participation is adequate consideration.*

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**PARENT PERMISSION FORM FOR MINOR PARTICIPANTS**

My son/daughter, \_\_\_\_\_, is participating in the High School Honor Band at the University of Pennsylvania on Saturday, Jan 25th, 2020.

I have carefully read and understand the terms of this permission form and have had the opportunity to ask any questions I may have.

I hereby give my permission for my son/daughter to participate in the program, and any and all of its activities, and agree to release, indemnify, and hold harmless the University of Pennsylvania from and against any claim which I or my son/daughter or any other person may have for any losses, damages or injuries arising out of or in connection with my child's participation in the summer program. It is agreed that my child's participation is adequate consideration.

I understand that photographs, video recordings or audio recordings may be taken of me during my participation in this Summer Program by employees, students, or agents of the Trustees of the University of Pennsylvania and shall be used in connection with the University of Pennsylvania's dissemination of information by its academic and public service programs to the general public. I authorize the University of Pennsylvania to copy, exhibit, publish or distribute any and all such images and audio of me or wherein I appear, for purposes of publicizing University of Pennsylvania programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written copy, wherein my likeness appears.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent (or Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*A minor is any participant under 18 years of age.