INTERNATIONAL SOCIETY OF BASSISTS
2017 CONVENTION

CONSENT FOR TREATMENT OF A MINOR

Parents or legal guardians of all ISB convention attendees younger than age 18, please read and complete this Consent Form and return it to the ISB, 14070 Proton Rd., Suite 100, LB 9, Dallas TX 75244, fax 972/490-4219, **to arrive at the ISB office BY MAY 22, 2017.** This form will allow us to help your child without delay should an emergency occur.

PLEASE PRINT

1, _____, declare that I am the Father/Mother/Guardian
(full name of parent/guardian) (circle one)

of _____, a minor aged _____, born _____
(full name of minor) (month/date/year)

Social Security #_____

Please provide the following information concerning said minor:

Allergic reactions_____

Present medications, if any_____

Date of last tetanus vaccination _____

Any past illnesses or other information that would be useful in the event treatment is necessary

_____

_____

_____

IN CASE OF EMERGENCY PLEASE CONTACT:

Name _____

Mobile telephone _____/_____

Home telephone _____/_____

Work telephone _____/_____

Email address _____

Address _____

_____

CONTINUED ON PAGE TWO

Please complete ONE of the following:

❒ I grant permission to the Director, Assistants, or other persons responsible for his/her care to act on my behalf for (print full name of minor) _____ in granting permission for evaluation and treatment of medical or psychological problems. I understand that should a major medical or psychological problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give my consent to such treatment as deemed necessary (including surgery, x-ray examinations and anesthesia to be rendered to said minor by a licensed physician, nurse.)

Name of Parent/Legal Guardian (please print)_____

Date_____ Signature _____

OR

❒ I do not wish medical or psychological care of any kind except emergency care to be

provided for _____
(Full name of minor, please print)

Name of Parent/Legal Guardian (please print)_____

Date_____ Signature_____
(Parent/Legal Guardian)

OR

❒ I authorize limited care as follows:

_____

_____

to be provided for (full name of minor, please print)_____

Name of Parent/Legal Guardian (please print)_____

Date_____ Signature_____
(Parent/Legal Guardian)

INSURANCE INFORMATION

Company Name_____

Address _____

City _____ State _____ Zip Code_____

Country _____

Policy Holder's Name _____

Policy Number_____
(Identification number, benefit code, account number, etc.)

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