

**LIONS CLUBS OF NEW YORK STATE AND BERMUDA, INC.
MEDICAL AUTHORIZATION AND RELEASE**

Youth Band member name _____

Home Street Address _____

City/Town _____ **zip** _____

Home phone _____

Authorization and Release

In case of emergency, officials of the Lions Clubs of New York State and Bermuda, Inc., are hereby authorized to arrange for medical or dental treatment for the above named Youth Band Member. This includes transportation to the emergency room, first aid treatment and other action deemed necessary by the official, medical staff or dentist. I understand that the Lions Clubs of New York State and Bermuda, Inc., cannot assume responsibility for the payment of medical fees or expenses incurred. I hold the Lions Clubs of New York State and Bermuda, Inc., harmless for any claim for damages.

Date

Signature of Parent or Guardian

IN CASE OF EMERGENCY I CAN BE REACHED AT THE FOLLOWING NUMBERS:

Cell _____

Name

Family Physician _____ **Phone** _____

Insurance Carrier _____ **#** _____

Parent Employer and Phone _____

Allergies/special medical conditions

Currently on medication Yes ___ No ___

Immunizations on record Yes ___ No ___ **and current**

A copy of the school physical must accompany this form. This form and application are sent to Bill Gaillard, 662 Wilson Hill Rd., Hoosick Falls, New York, 12090 by April 5.