



Student Participant Medical Release Form

This form is to be completed for all participants in the Pasadena Tournament of Roses Association 2015 – 2016 events, including the Rose Parade® and Bandfest (collectively the "Rose Parade Events"). Completion of this form provides for express consent to emergency medical treatment in the absence of parent or guardian. This form is required and must be carried by the participant at all times. Failure to do so may result in the delay of necessary emergency medical care and /or release from medical facility.

Student Name: Last: _____ First: _____ Middle: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Age: _____ Date of Birth: ___/___/___ Sex: M / F Blood Type: _____

Last Tetanus Inoculation: Within 5 years?: Y / N Within 10 years?: Y / N

Known Allergies: _____

Current Medical Conditions: _____

Medications Being Taken: _____

Special Needs: _____

Student's School or Band Name: _____

Band Director or Leader: Blane Hinton

Cell Phone: 469.343.3350

Local Residence/ Hotel: _____ Local Telephone: _____

Medical Insurance Carrier: _____ Policy Number: _____

Insurance Carrier Billing Address/Phone: _____

Parental Authorization / Permission to Treat & Release

"I hereby authorize any and all medical treatment in my absence for my son or daughter, in conjunction with duties related to the Rose Parade Events, as may be deemed necessary by first aid and emergency medical personnel of, but not limited to, the American Red Cross, the Pasadena Fire Department and/or select area hospitals." Release from the hospital by recognized Band Director(s) listed above or a credentialed Tournament of Roses Music Committee member is authorized.

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Name: _____ Relationship: _____ Travel to Rose Parade? Y / N

Home Telephone: _____ Work Telephone: _____ Pager/ Cell Phone: _____

In Case of Emergency Notify: _____ Telephone: _____

School Supervisor Witness: Blane Hinton

Title: Director of Bands

Telephone: 469.343.3350

Benny Bolin, RN, MS

Title: Allen ISD School Nurse

Telephone: 214.796.9697