

AGEHR Area II, Inc.

Young Ringer & Festival Conferences



Emergency Care Authorization Form Instructions

(For participants 18 and younger as of the date specified below.)

A) Purpose:

This form is mandatory for all youth under the age of 18 as of June 29, 2009 (day before opening of Young Ringers Festival). The purpose of the form is to provide a safety net for the named youth during the event period.

B) Instructions:

- 1) **One form per youth named as a participant is required (e.g. if siblings, one form for each must be filled out).**
- 2) **Youth parent(s) or guardian(s) MUST fill out each form completely except for the signature(s) (see #3 below).**
- 3) **Have the form notarized** (Note: Often there is a Notary within your church who can do this for you or you can seek out a pharmacist who is often a Notary). The parent/guardian must show proof of identity to the Notary to complete this process, and the **signature must be written in the presence of the Notary.**
- 4) This instruction page may be discarded after the form has been notarized.
- 5) The forms are to be collected by the Director and placed in a sealed envelope to comply with HIPPA law. Print the Choir Name and Director's name on the outside of the envelope.
- 6) The envelope is to be turned in at registration time and will be held by the Area II staff for the protection of the young ringers.

NOTE: It is recommended that a duplicate envelope be prepared and maintained by the choir Director so that should emergency services be needed prior to the event (e.g. during travel to the event), during the event at which time the submitted envelope may not be readily available, or after the event (e.g. during travel returning from the event), the appropriate form can be delivered to medical support staff as needed. The choice of preparing a duplicate envelope is at the discretion of the Director.

DO NOT RETURN THIS FORM - BRING A COMPLETED COPY FOR EACH MINOR

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Emergency Care Authorization Form

(For participants 18 and younger as of June 29, 2009)

Participant Full Name _____ Birth Date _____

Full Address _____

Day Phone _____ Night Phone _____

Group _____

Sponsor/Chaperone _____

Father _____ Cell Phone _____

Mother _____ Cell Phone _____

Doctor _____ Doctor's Phone _____

Insurance Company _____

Policy Number _____ Policy Holder _____

As parent or legal guardian of the above minor, I hereby authorize any medical and/or surgical care, including diagnosis and treatment, to be rendered to him/her by any licensed physician or surgeon, or by any licensed hospital, when accompanied by an adult leader of the above named group. We assume full financial responsibility for such care, including prescribed medications and transportation by ambulance, and agree to make full payment for same upon receipt of statement of fees.

I/We do hereby, for a good and valuable consideration, agree to indemnify and hold harmless The American Guild of English Handbell Ringers, Area II and the above named group from any and all actions, claims, demands, suits, or other liabilities which may result from the above named minor's trip.

Parent/Guardian Signature _____ Date _____

Parent Signature _____ Date _____

Please write any comments regarding special health problems, allergies, drugs, etc. on the back and mark here [] if comments are made.

=====
State of _____, County of _____

(Affix Notary Stamp Here)

Date: _____

My term expires: _____

Notary Signature _____

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