Emergency Medical Treatment Authorization and Insurance Information

International Trombone Festival, Ball State University, Muncie, Indiana, July 10-13, 2019

In the event my child requires medical care while attending the Youth Workshop at the International Trombone Festival, all reasonable attempts will be made to contact me at the phone numbers provided to obtain consent for treatment. In the event you are unable to reach me, emergency treatment may be provided as needed. If in the judgment of the health care provider the medical care is not an emergency, no treatment will be provided until my consent has been provided by phone or in person.

I agree to assume all costs related to such treatment and authorize my insurance company to pay benefits to The Ball State University Student Health Service. Also, I authorize the disclosure of medical information to my insurance company for the purpose of this claim.

Participant Name:

Parent/Guardian Name:

Primary Phone: Other Phone:

Parent/Guardian Signature: Date:

Parent/Guardian Name:

Primary Phone: Other Phone:

Parent/Guardian Signature: Date:

Optional:

Insurance Information

Note: Policyholder must be the person to sign in this section! Please include a copy of the front and back of your insurance card!

Policy Holder: Policy Number:

Insurance Company:

Insurance Company Address:

Other health and accident coverage (Medicaid, etc.):

Policy Holder Signature: _____Date: _____