

**Handbell Musicians of America
AGEHR Area 2, 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 June 22, 2015. 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) Forms are to be collected by the Director. The Director must validate that each form is an original, notarized form. It is not necessary that the form be read, only that it is notarized.
- 6) All collected forms are to be placed in a single sealed envelope to comply with HIPPA law. Print the Choir Name and Director's name on the outside of the envelope.
- 7) The envelope is to be turned in at registration time and will be held by the Area 2 staff for the protection of the youth 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 ORIGINAL COPY FOR EACH MINOR

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(For participants 18 and younger as of June 22, 2015)

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/We 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. I/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, AGEHR Area 2 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 down any comments regarding special health problems, allergies, drugs, etc. and attach to this document. Initial here [] if comments are made.

State of _____, County of _____ (Affix Notary Stamp Here)

Date: _____

My term expires: _____

Notary Signature _____

Notary term Expires _____

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