

CWU Laughing Horse Music Festival #20476
July 27-August 2, 2008
Emergency or Medical Treatment Minor Consent Form
This form is required and must be received prior to the beginning of the festival.

Participant Full Name: _____ Date of Birth: _____

PARENT/ GUARDIAN INFORMATION:

Name(s) of Parent/Guardian(s): _____

Full Address: _____

Day Phone: (_____) _____ Night Phone: (_____) _____

CONSENT FOR MEDICAL TREATMENT:

In the event of an emergency or for medical treatment, I hereby give my consent and authorize the CWU LH Music Festival staff to provide emergency assistance and/or seek professional medical services for my minor daughter/son/ward. It is understood that this authorization is given in advance of any specific diagnosis, treatment or medical care being required, and is to serve as specific consent to any and all such diagnoses, treatment or hospital care, which may be deemed desirable. I, the undersigned, as the parent or legal guardian of above minor, hereby authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of the minor. This medical information will be held confidentially and only disclosed in an emergency or for medical treatment.

MEDICAL INFORMATION RELATED TO MINOR:

Current Medications: _____

Allergies (drugs, plants, foods, etc): _____

Approximate dates of minor's immunizations: _____ Tetanus, _____ Measles

Additional pertinent medical history attached? _____ (including previous or chronic illnesses)

MEDICAL INSURANCE INFORMATION

Name of Insured: _____ Policy or ID#: _____

Insurance Company: _____ Insurance Phone #: _____

Employer/Group Name: _____ Group #: _____

I, the undersigned, as the parent or legal guardian, hereby acknowledge that the forenamed minor is covered by medical insurance. I request that payment under my medical insurance program be made directly to the site of services rendered. I understand that I am financially responsible for fees not covered by insurance and this authorization. CWU does not provide medical insurance covering illness and injuries of any nature incurred during the festival. It is further understood that the undersigned hereby releases CWU LH Music Festival, its assignees, officers, agents and employees from any and all claims, demands and causes of action whatsoever in any way growing out of or resulting from participation of the forenamed student in this summer's CWU LH Music Festival. By signing below, I verify my understanding and agreement to the terms stated on this form:

Signature(s) of Parent/Guardian(s)

Date

*Please return this form to CWU Conference Program; 400 E. University Way; Ellensburg, WA 98926-7592
Thank you for your cooperation!*