



The American Guild of English Handbell Ringers  
AGEHR – Area

Emergency Care/Medical Form

**PLEASE PRINT CLEARLY**

Student/Minor: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Group Name: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

Chaperone's Name: \_\_\_\_\_

Father: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ 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.

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

**Parent's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

•Comments regarding special health problems, allergies, drugs, etc. Please use the back of this Form if you need more room.

**DO NOT RETURN THIS FORM TO AGEHR AREA XI  
BRING A COMPLETED FORM PLUS ONE COPY FOR EACH RINGER UNDER THE AGE OF 18**