

West Vancouver Youth Band
Squamish Band Camp – September 22nd to 24th, 2017
Authorization for Medical Advice and Treatment

As the Band Member, or Parent or Guardian of the Member, I hereby authorize the Band Camp Director or Deputy to secure such medical advice and treatment as may be deemed necessary for the health and safety of myself or son/daughter/ward:

(Name of Band Member) _____

I also agree to accept financial responsibility in excess of the benefits allowed by Provincial and Personal Insurance Plans.

To the best of my knowledge the above Member is in good health and I realize that the Band Camp Director and the West Vancouver Youth Band Society cannot be held responsible for any accidents that may occur.

Signed: _____ **Date:** (Day/Mo/Yr) _____
(Signature of Member or parent/guardian if Member is under the Provincial legal age)

Note: The Parent or Guardian is assuming full responsibility for the Band Member's health being such that event activities will in no way aggravate any conditions present. It is assumed that the Parent or Guardian will know the Member's condition or will seek competent advice before completing this form. The Parent or Guardian will notify the Band Camp Director if, for any reason, this permission should be withdrawn or changed.