
Participant Name

Ensemble Hanabi Emergency Medical/Transport Consent Form

In the event of a **medical emergency**, I

 give permission to the
(Parent Name)
staffs & directors of 2022 Ensemble Hanabi Music Summer Camp to make decisions for and/or
provide care for my child,

(Name of Child)

I understand that during a medical emergency there may not be time to contact a parent prior to action being taken and that this is in the best interest of my child. I understand that I will be notified of any emergency as soon as possible.

These decisions may include:

- Emergency transportation (i.e. ambulance)
- Permission for event adult staff and directors to provide appropriate treatment
- Directing emergency transportation to the closest hospital, UC, or ER (the parents' choice of hospital will always tried to be honored unless the situation dictates otherwise)

Parent Signature

Date