



Band Participant Medical Release Form

This form is to be completed for all participants in the **Pasadena Tournament of Roses Association 2025 – 2026 events**, including the Rose Parade® and Bandfest (collectively the “Rose Parade Events”). Completion of this form provides for express consent to emergency medical treatment. This form is required and must be carried by the participant at all times. Failure to do so may result in the delay of necessary emergency medical care and /or release from medical facility.

Band Participant Name: Last: _____ First: _____ Middle: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Mobile Phone: _____

Age: _____ Date of Birth: ____ / ____ / ____ Sex: M / F Blood Type: _____

Last Tetanus Inoculation: Within 5 years?: Y / N Within 10 years?: Y / N

Known Allergies: _____

Current Medical Conditions: _____

Medications Being Taken: _____

Special Needs: _____

School or Band Name: _____

Band Director or Leader: _____ Mobile Phone: _____

Assistant Band Director or Other Leader (optional): _____ Mobile Phone: _____

Local Residence/ Hotel: _____ Local Telephone: _____

Medical Insurance Carrier: _____ Policy Number: _____

Group Number: _____ Insurance Carrier Telephone: _____

Insurance Carrier Billing Address: _____

In Case of Emergency Notify: _____ Phone: _____

Band Participant Signature: _____ Date: _____

Parental Authorization / Permission to Treat & Release (if Parade Participant is under 18 years old)

“I hereby authorize any and all medical treatment in my absence for my son or daughter, in conjunction with duties related to the Rose Parade Events, as may be deemed necessary by first aid and emergency medical personnel of, but not limited to, the American Red Cross, the Pasadena Fire Department and/or select area hospitals.” Release from the hospital to recognized Band Director(s) listed above or a credentialed Tournament of Roses Music Committee member is authorized.

Parent / Guardian #1: Name: _____ Relationship: _____ Travel to Rose Parade? Y / N Home Phone: _____ Work Phone: _____ Mobile Phone: _____ Signature: _____ Date: _____	Parent / Guardian #2: Name: _____ Relationship: _____ Travel to Rose Parade? Y / N Home Phone: _____ Work Phone: _____ Mobile Phone: _____ Signature: _____ Date: _____
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