

**MARIA CARRILLO HIGH SCHOOL MUSIC DEPARTMENT  
STUDENT EMERGENCY INFORMATION &  
MEDICAL AUTHORIZATION**

NEATLY PRINT ALL INFORMATION:

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

PARENT NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET

CITY

ZIP

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
WORK PHONE

\_\_\_\_\_  
CELL PHONE

**NAMES TO BE CALLED IN CASE OF EMERGENCY:**

\_\_\_\_\_  
EMERGENCY NAME

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
EMERGENCY NAME

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
RELATIONSHIP

**GRANT TO CONSENT:**

In the event reasonable attempts to contact me have been unsuccessful, I hereby give consent for the administering of any treatment deemed necessary by any licensed physician or at any hospital that is reasonable accessible.

My signature gives my consent in advance to whatever medical treatment or procedures deemed necessary for my son/daughter in case of emergency illness or injury. Such treatment may include, but is not limited to, anesthesia, X-ray, medical or surgical diagnostic procedures, or other procedures deemed necessary by a qualified physician. I understand that every effort will be made to contact me in case of serious injury or illness.

\_\_\_\_\_  
PARENT OR LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MEDIACL INSURANCE COVERAGE

\_\_\_\_\_  
POLICY NUMBER

\_\_\_\_\_  
PHONE NUMBER

**List any medications taken by the student:**

**List any known restrictions or allergies:**

**List and describe any pre-existing medical conditions and special instructions:**

