

COUNCIL ROCK MUSIC DEPARTMENT

EMERGENCY MEDICAL FORM

Dear Parent/Guardian:

In the event that your son/daughter requires medical attention while participating during a Music Department function, we request your authorization to act until you may be reached/available. Please read and complete the statement below. Your signature will provide the authorization that we will need. Thank you for returning this medical form to the Music Department, IMMEDIATELY.

STUDENT NAME _____ BIRTH DATE _____

HOME ADDRESS _____

_____ HOME PHONE _____

FATHER'S NAME _____ WORK PHONE _____

MOTHER'S NAME _____ WORK PHONE _____

Please name an alternate parent or family member that may be contacted in an emergency.

NAME _____ PHONE _____

HEALTH INSURANCE CARRIER _____ POLICY NO _____

PHYSICIAN'S NAME _____

ADDRESS _____ PHONE/FAX _____

Please note any medical condition of which we should be aware. _____

ALLERGIES _____

TETANUS BOOSTER _____ SPECIAL DIET: Diabetic _____ Other _____

date

PRESENT MEDICATIONS _____

In the event that I cannot be reached and my son/daughter requires medical attention, I authorize a representative from the Council Rock School District to act in my behalf.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

The school nurses have standing orders from the school physician to administer Acetaminophen (generic Tylenol) and Ibuprofen (generic Advil/Motrin) when necessary. I give my consent for my child to receive these medications when medically indicated.

PARENT/GUARDIAN SIGNATURE _____ DATE _____