

COUNCIL ROCK MUSIC DEPARTMENT

EMERGENCY MEDICAL FORM

Dear Parent/Guardian:

In the event that your son/daughter requires medical attention while participating in 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 _____

ADDRESS _____

PHONE _____

_____ FAX _____

Please note any medical condition of which we should be aware:

ALLERGIES _____

TETANUS BOOSTER DATE _____ SPECIAL DIET: Diabetic _____ Other (Explain) _____

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 _____