



# 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 \_\_\_\_\_