

This form can be printed or filled out in the boxes below. Required fields are boxed in red. If a field does not apply to you or your student, write "none".

## 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** \_\_\_\_\_