

**Music Department Health and
Emergency Card 2015-2016**

Please print or type in the following information:

Name: _____ D.O.B.: _____ Age: _____

_____ Sex: _____

Parent / Guardian: _____ Tel.# _____

Home Address: _____ Other Ph. #: _____

Family Physician: _____ Tel. # _____

Health Insurance Co.: _____ Policy # _____

In case of an emergency, if parent can't be contacted, please notify:

Name: _____ Relationship: _____

Address: _____ Tel.# _____

ALLERGIC REACTIONS

Bee Sting _____ Drugs (List) _____ Other: _____

Does your child carry an EpiPen? Yes / No

Has your child been diagnosed with a concussion in the past? Yes / No

Are there any illnesses for which this child is currently receiving treatment and / or medication? Yes / No Please list and describe medications:

In Case of medical emergency, I hereby authorize any licensed physician, hospital, clinic, or other medical facility to hospitalize and secure proper treatment for my child as named above. In the event that a parent / guardian or contact person cannot be reached by telephone, I authorize my child's director or chaperone to secure emergency treatment for my child.

Signature

Date