

**Music Department Health and  
Emergency Card 2017-2018**

**Please print the following information:**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent(s) /Guardian(s): \_\_\_\_\_

Tel.# \_\_\_\_\_ Other Ph. #: \_\_\_\_\_

Home Address: \_\_\_\_\_

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 / CONCUSSIONS / MEDICATIONS:**

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:

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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