

Music Department Health and Emergency Card 2019-2020

Please print the following information:

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

Parent(s) /Guardian(s) name: _____

Home Tel.#: _____ Cell Ph. #: _____

Home Address: _____

Family Physician Name: _____ Tel. #: _____

Health Insurance Co.: Policy #: _____

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

Name: _____ Relationship: _____

Address: _____

Tel.#: _____

ALLERGIC REACTIONS / CONCUSSIONS / MEDICATIONS:

Bee Sting/Drugs/etc(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

If yes, please list and describe treatment/medications: _____

In Case of a 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: _____