
MEDICAL EMERGENCY AUTHORIZATION FORM

NAME OF MUSIC IN MAY STUDENT _____
(LAST) (FIRST)

SCHOOL _____ TOWN _____

AS PARENT OR LEGAL GUARDIAN, I AUTHORIZE, IN EVENT OF ILLNESS OR INJURY, A QUALIFIED PHYSICIAN TO EXAMINE THE ABOVE-NAMED STUDENT AND TO ADMINISTER EMERGENCY CARE. I UNDERSTAND EVERY EFFORT WILL BE MADE TO CONTACT ME TO EXPLAIN THE NATURE OF THE PROBLEM PRIOR TO TREATMENT.

PLEASE LIST:

1. ANY PHYSICAL LIMITATION THAT WOULD NEED ACCOMMODATION _____

2. ANY ALLERGIES _____

3. ANY MEDICATIONS **AND** THE CONDITIONS FOR WHICH THEY ARE REQUIRED _____

4. MEDICAL INSURANCE PROVIDER _____

GROUP NUMBER _____

6. STUDENT'S PRIMARY CARE PHYSICIAN _____

PHONE NUMBER _____

DATE _____ PARENT / GUARDIAN
SIGNATURE _____

PARENT / GUARDIAN HOME PHONE NUMBER

PARENT / GUARDIAN ALTERNATE PHONE

OTHER EMERGENCY NAME AND PHONE NUMBER (NEIGHBOR, RELATIVE, ETC)

**PLEASE RETURN THIS FORM WITH YOUR MUSIC IN MAY REGISTRATION FORM.
THIS INFORMATION WILL BE HELD IN CONFIDENCE AND USED ONLY IN CASE OF EMERGENCY.**

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