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## MEDICAL EMERGENCY AUTHORIZATION FORM

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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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