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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