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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