

SPRING-FORD HIGH SCHOOL MUSIC DEPARTMENT
Emergency Treatment Authorization Card 2018-2019
(please print)

Student's Legal Name: _____ Grade: _____ Birthday: _____

Parent/Guardian Name: _____

Address: _____

Phone Day: _____ Night: _____ Cell: _____

Drug Allergies: _____

Other Allergies: _____

Serious Injuries or Illnesses: _____

Medications: _____

Alternate Emergency Contact Name: _____ Phone: _____

Primary Care Doctor Name: _____ Phone: _____

Primary Insurance Company: _____

Ins. Policy#: _____ Group #: _____

Ins. Policy Holders' Employer: _____

Ins. Policy Holder D.O.B.: _____

Other information: _____

Please Note:

Regarding medications and the process of staff and SFMA parents dispensing over the counter products to students while at band camp, home/away football games, competitions/adjudications and other school related events...Regardless of the part practice, we cannot have any (non-nurse) staff member or parent volunteer dispense any of the following nine items; Acetaminophen (Tylenol), Ibuprofen (Advil), Benadryl, Antacid Tablets/Liquids, Imodium A/D, Cold and Sinus Tablets, Calamine Lotion, Neosporin or First Aid Cream, Bee/Insect Sting, , at any time as a part of a school sponsored activity. The practice is not supported by legal grounds and presents a huge level of liability and exposure for the school district. The only items and practice that can be promoted without the presence of a school nurse (by a staff member or parent volunteer):

- The use of soap/water
- Band-aides and ice in addition to rest and sitting out of the activity if feeling ill.
- The student or a staff member may contact a parent or guardian (who can bring items for their child, if needed), sitting out until they feel better and/or call EMS, if needed for emergencies

Personal use of inhalers or epi-pens (as prescribed by your family physician) is still permissible.

In case of an emergency, I give my permission for appropriate school staff and/or their designees to render medical treatment or authorize medical treatment by a hospital or other healthcare provider. This includes the treatment of minor illnesses and injuries.

Signature of Parent/Legal Guardian _____ Date: _____