

SPRING-FORD HIGH SCHOOL MUSIC DEPARTMENT

Emergency Treatment Authorization Card 2017-2018

(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 _____

Policy Number: _____ Group Number _____

Other information: _____

I give permission for appropriate school staff and/or their designees to administer non-prescription medications to my child.

Please indicate the non-prescription medications that can be given to your child as needed.

<i>Medication</i>	<i>Yes</i>	<i>No</i>
Acetaminophen (Tylenol)		
Ibuprofen (Advil)		
Benadryl		

<i>Medication</i>	<i>Yes</i>	<i>No</i>
Antacid Tablets/Liquids		
Imodium A/D		
Cold and Sinus Tablets		

<i>Medication</i>	<i>Yes</i>	<i>No</i>
Calamine Lotion		
Neosporin or First Aid Cream		
Bee/Insect Sting		

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 _____