

STUDENT TRIP
EMERGENCY CONTACT/MEDICAL
INFORMATION FORM

Date: _____

Director(s): _____

School: _____

STUDENT INFORMATION

Name:		Date of Birth:	Sex: M F	Grade:
Home Address:				
Home Phone:		Student Cell Phone:		
Student Email:				

PARENT/ GUARDIAN INFORMATION

	Mother	Father	Step-parent/ Guardian
Name:			
Home Address:			
Home Phone:			
Work Phone:			
Cell Phone:			
Email:			

HEALTH INSURANCE INFORMATION

Health Insurance Company Name:	
Insurance Company Address:	Phone Number:
Health Insurance Agreement #:	
Name of Guarantor:	Group Number:
Name and Address of Employer (if Group Insurance)	

EMERGENCY CONTACT INFORMATION

If the school personnel accompanying your child cannot reach either parent/guardian, please list two friends or relatives who would have the authority to advise us regarding your child:

1. Name and Relationship to child:
Contact phone numbers (day and evening):
2. Name and Relationship to child:
Contact phone numbers (day and evening):

Please complete information on other side

PERTINENT MEDICAL INFORMATION

Child's Doctor:

(Name and Phone Number)

Please circle/ list any conditions your child is currently receiving medical treatment for:
(provide details as necessary)

Allergies Environmental/ Animal/ Food / Medication/ Other _____	Diabetes Insulin Dependent Pump	Cardiac Concerns Fainting Auto Immune Disorders
Asthma Inhaler?	Mental / Social Concerns ADHD Depression	Other: _____

Will your child have any medications with them on this trip? If yes, please give the name of the medication, reason it is given, and dosage instructions:

Date of Last Tetanus Shot: _____

The Music Directors and / or Trip Chaperones have my permission to administer (dual person observed and documented) the following to my child if warranted: (please circle)

Tylenol Ibuprofen Imodium Dramamine Pepto-Bismol Maalox Tums Other: _____

If you would prefer to be called before any over the counter medication is dispensed, please initial: _____

Please read the following and sign below:

I understand that in the case of emergency, reasonable and continual attempts will be made to contact the parents/ guardians of my child. In the case that parents/ guardians cannot be reached, the listed emergency contact names and numbers will be used.

If none of the above can be reached by phone, WHAT DO YOU WISH THE SCHOOL PERSONNEL TO DO in case your child is sick or injured?

If EMERGENCY TREATMENT is required, may the school authorities, festival host, or designee use their own judgment in sending your child to a hospital or doctor most easily accessible before the parent/guardian can be reached? YES NO

If no, please name the Preferred hospital _____ Phone: _____
Preferred doctor: _____ Phone: _____

I understand that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent/guardian, as indicated above, will be respected as far as possible. If at any time the above information must be changed, I will notify my child's music director/or festival host director in writing. It is understood and agreed that the child and his/her parent/guardian shall hold harmless the State College Area School District, the musical directors, the trip chaperones, and the festival/ adjudication hosts from any and all lawsuits, claims, demands, expenses or costs arising out of the administration of or failure to administer first aid or emergency treatment to the child while in attendance at a school music trip, musical program or festival, including practice sessions.

PARENT SIGNATURE: _____

DATE: _____