

2010-2011 Wadsworth High School Band
Emergency Medical Form

Student's Name _____ Address _____ Home Phone: _____

_____ Work Phone: _____
Father's Name _____ Address _____ Cell Phone: _____

_____ Work Phone: _____
Mother's Name _____ Address _____ Cell Phone: _____

Primary Medical Insurance Co. _____ Policy/Group Number _____ List Employer and indicate who is the insurance holder _____

With whom does the child reside? Father Mother Both Other (list names) _____

Who has custody of the child? Father Mother Both Other (list names) _____

STUDENT'S SOCIAL SECURITY # _____ Date of birth: _____

Those designated below, other than parents, are authorized to pick up my child from school in an emergency (listed in order of preference):

1. Person's Name: _____ Relationship to child _____ Home Phone _____

Work Phone w/ext. _____ Cell Phone: _____

2. Person's Name: _____ Relationship to child _____ Home Phone _____

Work Phone w/ext. _____ Cell Phone: _____

Use back for others

MEDICAL INFORMATION

List Student's known allergies and medical conditions: _____

Medications being taken (dosage): _____

Known Drug Allergies: _____ Asthma Inhaler name: _____

Does student carry an EPI pen? _____

Preferred Doctor: _____ Address: _____ Phone: _____

Preferred Dentist: _____ Address: _____ Phone: _____

Preferred Hospital (or closest): _____

PARENTAL CONSENT: In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Parent / Guardian Signature: _____ Date: _____

STATE OF OHIO
COUNTY OF MEDINA

Before me, a notary Public in and for the said County and State, personally, appeared _____ who acknowledged before me that he/she did sign the foregoing instrument and that the same in his free act and deed.

In testimony whereof, I have hereunto affixed my name and official seal at _____, Ohio _____ day of _____, 2010.

Notary Signature