

Niceville High School Chorus

Emergency Medical Information Form

This form is intended to provide the chorus with additional medical information for those traveling with the chorus. It also authorizes a district representative to give certain non-prescription medications. This form is good for the period of one year from the date of signing.

NAME _____	AGE _____	GRADE _____	SEX _____	BIRTHDATE _____
ADDRESS _____ (Street Address)		_____ (City, State, Zip)		
TELEPHONE (Home Contact #) _____				
TELEPHONE (Father Cell / Work #) _____		FATHER'S NAME _____		
TELEPHONE (Mother Cell / Work#) _____		MOTHER'S NAME _____		

MEDICAL INSURANCE: Type/Company _____		Policy Number _____
FAMILY PHYSICIAN: _____		Hospital, Office or Clinic Associated with: _____
SOCIAL SECURITY # _____ (necessary to receive treatment at emergency centers)		
TETANUS IMMUNIZATION DATE _____		

CHECK THE BLANK OF WHICH THE FOLLOWING MEDICATIONS YOUR CHILD MAY TAKE:

- Tylenol or Ibuprofen for headache or other minor pain.
- Anti-acid for minor stomach upset.
- Cough Syrup.
- Dramamine for motion sickness.
- Lozenges for sore throat pain.
- Non-prescription eye drops.
- Other _____.

PLEASE INDICATE BY CHECKING IN THE BLANK PROVIDED THINGS THAT APPLY TO YOUR SON/DAUGHTER:				
Diabetes _____	Hemophilia _____	Cardiac Condition _____	Severe Nose Bleed _____	
Fainting _____	Rheumatic Fever _____	Asthma _____	Kidney/Bladder Disorder _____	
Epilepsy _____	Contact Lenses _____	Drug or Other Allergies _____		

Specify any medications that your singer will use while traveling with the Chorus.

ANY MEDICATION TAKEN WITH THE STUDENT ON A CHORUS TRIP MUST BE IN THE PHARMACY BOTTLE CLEARLY LABELED WITH THE STUDENT'S NAME, MEDICATION NAME, DOSAGE AND TIME TO BE TAKEN. IT THEN MUST BE TURNED OVER TO THE PERSON DESIGNATED BY THE DIRECTOR FOR DISTRIBUTION TO THE STUDENTS AT THE APPROPRIATE TIME.

I give permission for my student to participate in Water Activities. YES _____ NO _____

Date _____ Authorization Signature of Parent/Guardian _____