



EASD Music Club

P.O. Box 474
Elizabethtown, PA 17022

Emergency Care Information

Date: _____ Grade: _____ Instrument: _____

Student Name: _____ Home Phone #: _____ Student Cell #: _____

Home Address: _____ Email Address: _____

Student Lives With: _____

Father/Guardian Name: _____ Work Phone #: _____ Cell Phone #: _____

Mother/Guardian Name: _____ Work Phone #: _____ Cell Phone #: _____

Health Insurance: _____ Policy #: _____ Group #: _____

Dentist: _____ Town: _____ Phone #: _____

Physician: _____ Town: _____ Phone #: _____

Hospital Preference: _____

Another ADULT who may be responsible for your child if parents/guardians cannot be reached:

Name: _____ Phone #: _____ Relationship to Student: _____

IT IS THE RESPONSIBILITY OF THE PARENT(S) TO PROVIDE TRANSPORTATION FROM THE SCHOOL TO HOME FOR ANY CHILD WHO BECOMES ACUTELY ILL OR SUFFERS AN INJURY WHILE PARTICIPATING IN MUSIC ACTIVITIES

Daily Medications, even "as needed". List name, dosage amount, whether taken at home, at school, or both:

Allergies and type of reaction: _____

Any serious illness or injury in the past year: _____

ALL Physical Restrictions: _____

I AM AWARE THAT MEDICAL TREATMENT WILL BE GIVEN TO MY CHILD IN THE EVENT OF AN EMERGENCY.

Father/Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____

Please indicate with a check those medications which may be given to your child, if needed

Advil	Tylenol	Benadryl	Tums	Cough Drops
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This information is for the use of the Music Club only.