



Northridge Bands

EMERGENCY MEDICAL AUTHORIZATION

(PLEASE PRINT)

STUDENT: _____
BIRTHDATE: _____ AGE: _____ SEX: _____
GRADE: _____ Cell : _____
ADDRESS: _____
CITY, STATE, ZIP: _____

MOTHER'S NAME: _____
PLACE OF WORK: _____
CELL PHONE #: _____
EMAIL: _____

FATHER'S NAME: _____
PLACE OF WORK: _____
CELL PHONE #: _____
EMAIL: _____

LIST THREE OTHER EMERGENCY CONTACTS:

1. _____
PHONE #: _____
RELATIONSHIP: _____
2. _____
PHONE #: _____
RELATIONSHIP: _____
3. _____
PHONE #: _____
RELATIONSHIP: _____

Is student covered by health insurance? YES ___ NO ___ (attach a copy of insurance card or claim form)

Are immunizations up to date? YES ___ NO ___ If not, please explain: _____

Date of last tetanus booster? _____

List any known medical problems (allergies, diabetes, epilepsy, asthma, etc. or disability)

DRUG ALLERGIES: _____

FOOD ALLERGIES: _____

DIET RESTRICTIONS: _____

MEDICATIONS STUDENT IS CURRENTLY TAKING: _____

OTHER PERTINENT FACTS TO WHICH A PHYSICIAN SHOULD BE ALERTED: _____

PARENTAL CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

PHYSICIAN: _____ PHONE #: _____ MEDICAL SPECIALIST: _____ PHONE #: _____

DENTIST: _____ PHONE #: _____ LOCAL HOSPITAL: _____ PHONE #: _____

PARENT'S MEDICAL STATEMENT

(Student's Name) _____ has my permission, while attending band functions, to take any over-the-counter medications as needed, with the exception of _____.

In the event reasonable attempts to contact me are unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, 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 reasonable 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: _____

** NOTARY SIGNATURE AND SEAL: _____ DATE: _____