

MUSIC EDUCATORS OF BERKS COUNTY 2017 JR. COUNTY FESTIVAL EMERGENCY FORM

STUDENT'S NAME: _____ SCHOOL NAME: _____

SCHOOL DIRECTOR'S NAME: _____ (First Group)

SCHOOL DIRECTOR'S NAME: _____ (Second Group, if applicable.)

SCHOOL DIRECTOR'S NAME: _____ (Third Group, if applicable.)

My son/daughter named above has my permission to participate in the MEBC Music Festival on Saturday, April 1, 2017, and on the following applicable rehearsal dates (dates subject to change in the event of weather postponements):

Initial those that apply:

____ Junior County CHORUS - Tuesday, March 28, 2017

____ Junior County ORCHESTRA – Thursday, March 30, 2017

____ Junior County BAND - Friday, March 31, 2017

I understand that members of Music Educators of Berks County, and the Host School District, are not responsible in the event of accident or illness.

If my child needs emergency medical attention during this festival, please:

Initial one:

____ Act on my behalf, securing the necessary, reasonable emergency/medical care, and notifying me through the phone numbers provided below at the earliest opportunity.

____ Other specific instructions: _____

I also guarantee payment of all charges incurred during such medical treatment if necessary, and acknowledge that no representations, warranties, or guarantees as to results or cures will be made.

Signed: _____ **Date:** _____

(Parent or Legal Guardian)

In the event of an emergency, the following person should be contacted (LIST IN ORDER OF PREFERENCE):

1. Name: _____ Relationship to student: _____

Phone number at which this person can be reached during the festival rehearsal(s): _____

2. Name: _____ Relationship to student: _____

Phone number at which this person can be reached during the festival rehearsal(s): _____

3. Name: _____ Relationship to student: _____

Phone number at which this person can be reached during the festival rehearsal(s): _____

**THIS IS PAGE 1 OF A 2-PAGE DOCUMENT.
PLEASE COMPLETE THE INFORMATION ON PAGE 2.**

This page must be stapled to (or copied on the reverse side of) PAGE 1 of this document.

Daytime Physician to call: _____

This Physician's Phone Number: _____

Date of last tetanus shot: _____

Do you carry family medical/hospital insurance? Circle one: YES or NO

If so indicate:

Carrier: _____

Policy or group number: _____

Identification number: _____

Please indicate any medical problems (include allergies to medicine):

My child needs to take prescription medication: Circle one: YES or NO

(If yes, please list the prescription medication he/she may be taking during the festival. Note that any prescriptions must be in the original packaging or Rx container with pharmacy labeling.)

My child may take Tylenol, Tums, or a cough drop.

Circle one: YES or NO

(IF THE STUDENT IS IN MORE THAN ONE PERFORMING GROUP, THIS COMPLETED FORM SHOULD BE PHOTOCOPIED AND A COPY GIVEN TO EACH OF YOUR SON'S/DAUGHTER'S SCHOOL DIRECTORS FOR SUBMISSION TO MEBC.)