

**MUSIC EDUCATORS OF BERKS COUNTY
2017 ELEMENTARY STRING EMERGENCY FORM**

STUDENT'S NAME: _____ SCHOOL NAME: _____

SCHOOL DIRECTOR'S NAME: _____ (First Group)

My son/daughter named above has my permission to participate in the MEBC Music Festival on Saturday, March 18, 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: _____

2. Name: _____ Relationship to student: _____

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

3. Name: _____ Relationship to student: _____

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

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

PARENT'S CELL PHONE AND/OR EMERGENCY PHONE NUMBER(S) WHERE A PARENT CAN BE REACHED DURING THE REHEARSAL DAY AND SATURDAY REHEARSAL AND FESTIVAL:

1. _____

2. _____