

CVHS INSTRUMENTAL MUSIC DEPARTMENT EMERGENCY INFORMATION

Student: _____
Last Name First Name M.I. Graduation Year Birth Date

Address: _____ Phone: _____

Father/Guardian Name: _____

Mother/Guardian Name: _____

IN CASE OF SUDDEN ILLNESS OR ACCIDENT TO THIS STUDENT, PLEASE CONTACT:

1. Mother at: _____ Phone: _____
(Place of employment--if none, please write NA)

Cell Phone: _____ Pager: _____

2. Father at: _____ Phone: _____
(Place of employment--if none, please write NA)

Cell Phone: _____ Pager: _____

3. Other Relative: _____ Phone: _____

4. Other Friend or Relative: _____ Phone: _____

5. Family Doctor: _____ Phone: _____

Please list below any serious illnesses, accidents, and/or chronic conditions (i.e., allergies, asthma, bleeder, diabetes, frequent fainting, heart condition, seizures, etc.) that staff should be aware of and please explain:

SPECIAL NOTE TO PARENTS/GUARDIANS:

(Please check either item #3 or #4)

- (1) All medications and drugs must be registered on this form.
- (2) All medications and drugs, except those which must be kept on the student's person for emergency use, must be kept and distributed by the a staff member;

(3) Check here if there are no special problems that the staff should be aware of and no medications and/or drugs required on these trips;

(4) Check here if there are any special problems that the staff should be aware of and/or special medications and/or drugs to be taken by your child. List below the name(s) of medication(s) and/or drug(s) and reason(s) for taking them:

PERMISSION TO DISPENSE NON-PRESCRIPTION MEDICATION

From time to time a student may wish to request non-prescription medications such as Tylenol, cough drops, etc. No such medication may be dispensed to any student without prior parental permission to do so. If you would like for your child to be given any non-prescription medications, please complete and sign below:

I hereby give permission for the Instrumental Director and/or his designee to dispense non-prescription medication

as needed to my child: _____
(Student's Name) (Parent/Guardian Signature) (Date)

The following non-prescription medication(s) SHOULD NOT be administered to this student:

(One copy of this form to be filed in the High School Principal's office)
(One copy of this form to be carried by the Instrumental Director and/or his designee)