

CVHS INSTRUMENTAL MUSIC DEPARTMENT EMERGENCY CONTACT INFORMATION

Contact information will be used by CVIM to provide information about Music Related activities. Please print neatly.

Student: _____
Last Name First Name GUSD ID# Year Graduating Birth Date

Student Email: _____ Student's Cell: _____

Father/Guardian Name: _____ Father's Cell: _____

Father's Address (if different than student) _____

Father's email: _____

Mother/Guardian Name: _____ Mother Cell: _____

Mother's Address (if different than student) _____

Mother's email: _____

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

Mother Father Other Friend or Relative: _____ Phone: _____

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:

Please list any extreme food allergies or dietary restrictions: _____

We will try to accommodate food needs; however the safest course would be for students to bring their own food.

SPECIAL NOTE TO PARENTS/GUARDIANS:

(Please check either YES or NO)

ALL medications and drugs must be registered on this form.

All medications and drugs, except those which must be kept on the student's person for emergency use, must be kept and distributed by a staff member;

NO, there are no special problems that the staff should be aware of and no medications and/or drugs required on these trips

YES, there are 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.

Please check one option below and initial.

I hereby give permission do NOT give permission _____ (Parent/Guardian Initials)
for the Instrumental Director and/or designee to dispense over-the-counter, non-prescription medication (e.g. Tylenol, cough drops) at my students request or if needed.

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 Music Office, One to be carried by the Instrumental Director and/or designee)