



CONFIDENTIAL EMERGENCY MEDICAL FORM
DELAWARE MUSIC EDUCATORS
ASSOCIATION
ALL-STATE SENIOR CHORUS
2009-2010

Penny Carmack, Committee Chair

Newark High School (302) 598-7594 (cell)

Email: carmackp@christiana.k12.de.us

Margaret Anne Butterfield, Committee Chair

Wilmington Friends School

Email: mutterfield@wilmingtonfriends.org

Committee Members

Tom Dean

Iris Stewart

Tom Sabatino

Diane Kennedy

Clint Williams

Paul Gray

Tyler Tejada

Ben Ables

Lorraine Steinhoff

Please print everything and return to a committee member on the first day of rehearsals

Student Name: _____

Address: _____

City, State, Zip: _____

School: _____ **Emergency Phone:** _____

In case of an emergency, I hereby give All-State Chairs Margaret Anne Butterfield or Penny Carmack permission to administer first aid to my child and authorize them to sign permission for medical treatment, if necessary at any hospital or medical treatment center. I understand that they will be acting in the best interests of my child and I will abide by their decisions in accordance with the decisions made by the above-mentioned people, I will not hold them responsible for any decisions they make.

Parent/Guardian Signature

Student Signature

____ (Check and sign if desired) I further authorize the school nurse of John Dickinson High School to administer over-the-counter pain relievers (Tylenol, Advil, etc.) to my child, should the need arise.

Parent/Guardian Signature

Student Signature

(over please)

Student Date of Birth: _____ **Date of last tetanus:** _____

Insurance Company: _____ **Subscriber's Name:** _____

Policy Number: _____ **Phone # of Company:** _____

In the event that it is impossible to reach the parent/guardian, please list two people that can be contacted if necessary:

Name: _____ **Name:** _____

Phone: _____ **Phone:** _____

Relationship: _____ **Relationship:** _____

Please list any allergies or other substances to which your child is allergic. This means bee stings, penicillin, certain foods, food seasonings, etc. Please list anything that may upset the normal routine of your child.

Please list any medical information that should be known about your child. We wish to know anything that may need extra attention in the case of an emergency. This includes bad asthma attacks, cramps, severe headaches, feet/arm problems, etc. **This is very important.**

Please list current medications student is taking (including over-the-counter medications).