

DMMEA ALL-STATE CHORUS

CONFIDENTIAL EMERGENCY MEDICAL FORM
DELAWARE MUSIC EDUCATORS ASSOCIATION
ALL-STATE SENIOR CHORUS
2011-2012

Penny Carmack, Committee Chair

Newark High School (302) 598-7594 (cell)
Email: carmackp@christina.k12.de.us

Margaret Anne Butterfield, Committee Chair

Wilmington Friends School
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www.delawaremea.org

Committee Members

Tom Dean Ben Albes
Clint Williams Tyler Tejada

Please print everything and return to your teacher by the January 17th rehearsal.

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 Mount Pleasant High School to administer over-the-counter pain relievers (Tylenol, Advil, Tums, etc.) to my child should the need arise.

Parent/Guardian Signature

Student Signature

Student Date of Birth _____ Student date of last tetanus _____

Insurance Company _____ Subscribers name _____

Policy Number _____ Phone Number of Company _____

In the event it is impossible to reach the parent/guardian, please list two (2) people that can be contacted if necessary.

Name _____ Name _____

Phone _____ Phone _____

Relationship _____ Relationship _____

(Over please)

Please list any allergies or other substances that 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)