

RYE JUNIOR HIGH SCHOOL MUSIC DEPARTMENT
May 14,15, 2015
PARENTAL CONSENT and
EMERGENCY AUTHORIZATION & HEALTH FORM

Student's name: _____ Age: _____

Address: _____ DOB: _____

Student resides with (Name): _____ Relationship: _____

Physician: _____ Phone: _____

Insurance Carrier: _____ Policy #: _____

Parent/Guardian information:	Father/Guardian	Mother/Guardian
Name:		
Address:		
Home Phone:		
Work Phone:		
Cell Phone:		
Place of employment:		

In case of an emergency and parents are unable to be reached please call:

Name	Phone #'s	Relationship

In case of medical emergency, in the event that I/we cannot be reached, I/we authorize a representative of the school department to procure and consent to any medical examination, diagnostic process or course of treatment, including transportation and hospital care, to be rendered to my/our child by or under the supervision of any duly licensed health care provider. A copy of this authorization is to be accepted as valid as the original. I/we understand that the information provided herein may be used as necessary by the School department.

Signature: Parent/Guardian _____ Date _____

- * I/We understand that the School Department does not provide personal or health insurance coverage for students.
- * The School Department carriers are required to maintain liability insurance.
- * In arranging transportation or medical treatment in an emergency, the School Department does not assume financial liability for the student's medical care.
- * I/We understand that the information provided herein may be used as necessary by the School department.

Signature: Parent/Guardian _____ Date _____

I, _____ give permission for my child _____ To travel to New York City by bus on May 14, 15, 2015 with the Rye Jr. High Music Department. I have reviewed a copy of the itinerary and I understand the scope of activities my child will be participating in.

 (signature of parent or guardian) Date _____

PLEASE LIST ANY ALLERGIES. (Describe reaction and any treatment required) None []

ANY PERTINANT MEDICAL HISTORY/CONDITIONS, SPECIAL NEEDS, ETC: None []

DAILY MEDICATIONS (Which need to be taken on trip): None []

Medication	Dosage	Times to be given	Reason
1.			
2.			
3.			
4.			

AS NEEDED MEDICATIONS: None []

Medication	Dosage	Reason
1.		
2.		
3.		
4.		

The checked medication may be given for headache/minor aches if necessary by nurse/school personnel:

Acetaminophen/Tylenol [] Ibuprofen/Advil [] Tums []

Date of last Tetanus shot: _____

Is your child a sleepwalker? [] bed wetter? [] Any special needs? _____

We/I, the parents/guardian authorize any member of the Rye Junior High School to assist

_____ with taking the above medications and agree that I/we will not hold the person/persons responsible for any adverse effects from the medication/medications.

_____ (date) _____

(signature)