EMERGENCY PERMISSION
AND HEALTH INFORMATION

Name: _____ (Printed) Date of Birth: _____

Should_____ be stricken in any way, accident or otherwise, and in the opinion of the high school staff in charge, should emergency treatment be required (to include administration of anesthesia if necessary), you have my permission to seek medical help, including surgery, which in your judgment is competent during the Goddard Middle School Music trips throughout the entirety of the school year.

A. The person named above (is OR is not) covered under hospitalization insurance with

_____Company, policy no. _____ in the name

of _____. This person (does not) have an insurance card.

B. In case we are unable to contact an immediate family member in an emergency, whom should we contact next?

Name_____ Phone _____

Relationship to person _____

C. Family Physician _____

Office phone _____ Home phone _____

D. Please answer these questions regarding the person named above:

1. Any known allergies to medication, food, insect stings. Etc.?

   _____

   _____

2. Does she/he take any medication routinely? If yes list name of all medication, strength and dosage schedule.

   _____

   _____

As a parent or legal guardian, I give permission to the adult sponsors and staff of Goddard Middle School to supervise my child and will not hold the organization responsible in case of accidental injury. Furthermore, as parent or legal guardian, I do hereby consent to any hospital or medical treatment deemed necessary by a qualified physician (to include administration of anesthesia if necessary and/or surgery) should my child be in need of medical attention while in the care, custody, and control of a designated sponsor of the Goddard Middle School Music program.

_____ _____

Signature of **participant** (if eighteen or older) Date
Or **parent or legal guardian** (if younger than eighteen)

Home phone _____ Parent/Guardian office/work phone _____