

EMERGENCY MEDICAL INFORMATION FORM

The following information is necessary in case a student is involved in an accident or becomes ill while traveling with the Decatur Central High School Show Choirs. Please provide complete and accurate information.

Full Name of Student: _____ Birth Date: _____

Parent(s) / Legal Guardian(s): _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Other Phone: _____

Doctor's Name: _____ Phone: _____

Emergency Relative/Friend: _____ Phone: _____

Pre-Existing Medical Conditions: (Asthma, Diabetes, Pregnancy, etc.)

Allergies: (Bee Stings, Foods, etc.)

Reactions to Medications: (Prescription and Over-the-Counter)

Other Medical Information:

I consent to the following medications being dispensed to my child on an as-needed basis.

Initial all, if any, that apply.

_____ Tylenol/Acetaminophen _____ Advil/Ibuprofen _____ Tums/Pepto-Bismol

I consent to my child carrying the following medication(s) with him/her. I hold my child solely responsible for the safe and appropriate use of any medication he/she carries.

Name: _____ Dosage: _____

Name: _____ Dosage: _____

I attest that the above information is accurate. Further, I understand that it is my responsibility inform the Choir Director of any changes to this information.

Parent/Guardian Signature: _____ Date: _____