

**LONG REACH HIGH SCHOOL MUSIC DEPARTMENT
EMERGENCY PROCEDURE/HEALTH INFORMATION**

STUDENT INFORMATION

Name: _____ Birth Date: / / M F
 Address: _____ Home Phone: () - _____
 City: _____, MD Zip: _____ Cell Phone: () - _____
 e-Mail: _____ Expected Year of Graduation:

MOTHER/GUARDIAN Use info above:
 Name: _____
 Address: _____
 City: _____, MD Zip: _____
 Home Phone: () - _____
 Cell Phone: () - _____
 e-Mail: _____

FATHER/GUARDIAN Use info above:
 Name: _____
 Address: _____
 City: _____, MD Zip: _____
 Home Phone: () - _____
 Cell Phone: () - _____
 e-Mail: _____

IN EVENT OF MEDICAL URGENCY, PARENTS WILL BE NOTIFIED FIRST. EMERGENCIES WILL BE TAKEN TO THE CLOSEST HOSPITAL. PARENTS WILL BE CONTACTED AS SOON AS POSSIBLE. PLEASE PROVIDE AN ADDITIONAL CONTACT

Relative/Other Party: _____ Contact Phone: () - _____

HEALTH INFORMATION (You may discuss the contents of this form with the Trip Nurse.)

HEALTH CONDITIONS/RECENT OPERATIONS, if any

ALLERGIES? Y / N (If yes, please describe symptoms/reaction)

DIETARY RESTRICTIONS? Y / N (please describe)

HANDICAPPING CONDITIONS/LIMITATIONS, if any

MEDICATIONS (Prescription OR OTC)? Y / N
 If prescription or over-the-counter medications are to be taken, a WRITTEN ORDER from your physician is required on the MEDICATION FORM. This is a separate form.

OTHER COMMENTS / INFORMATION

PHYSICIAN CONTACT INFO
 Name: _____ Office Phone: () - _____

PERMISSION IS GRANTED FOR TREATMENT OF THE ABOVE-NAMED STUDENT BY A PHYSICIAN AND/OR HOSPITAL FOR ANY MEDICAL EMERGENCY. EVERY EFFORT WILL BE MADE TO CONTACT THE PARENT/GUARDIAN AS SOON AS POSSIBLE .

Signature: _____	Origin Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Signature: _____	Review Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Signature: _____	Review Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Signature: _____	Review Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

THE INFORMATION PROVIDED WILL BE HELD IN CONFIDENCE BUT MAY BE SHARED WITH STAFF TO MAINTAIN STUDENT SAFETY

AFFIX COPY OF INSURANCE CARD - FRONT

AFFIX COPY OF INSURANCE CARD - BACK