

Coffee High School

159 Trojan Way ~ Douglas, Georgia 31533

Steve Myers, Band Director

Emergency Medical Authorization
July 1, 2017 thru June 30, 2018

Student's name: (Last, First, Middle) Birth Date: (Month/Day/Year)

Student's Address: City:

State: Georgia Zip: Home Phone: (912)

Father: Work Phone: (912)

Mother: Work Phone: (912)

Closest Relative/Neighbor if parent cannot be reached:

Relationship: Phone:

SHOULD YOUR CHILD BECOME ILL OR INJURED WHILE ATTENDING A BAND FUNCTION AND YOU GIVE PERMISSION FOR MEDICATION TO BE ADMINISTERED, PLEASE CHECK BELOW WHAT MAY BE GIVEN:

- () Tylenol () Mylanta () Throat Lozenges () Antiseptic Spray () Benadryl () Pepto-Bismol () Sunscreen () Motrin () Peroxide () Demerol () Triple Antibiotic () Neosporin Ointment () Dramamine () Imodium AD () Benadryl Lotion () Tums () Maalox () Beta dine () Eyewash *Children allergic to sulfa drugs can not have triple antibiotics.

List Any Medical Conditions/Allergies:

- () Sulfa drugs () Penicillin () Codeine () Latex

List any medications your child takes:

Nebulizer: Inhalers:

Has your child had: () Mumps () Measles () Chicken Pox () Pneumonia () Diabetes () Cancer () Blood Pressure Problems

() Seizures () Heart Disease () Kidney Disease () Tuberculosis () Rheumatic Fever () Hepatitis () Malaria () Arthritis () Asthma

Other: Date of Last Tetanus Shot:

() I hereby give permission for medical treatment to be authorized with the following medical insurance listed.

() I do not agree for my child to receive medical treatment.

Name of Insurance Company:

Policy's Holders Name:

Policy/Group Number:

Pre-certification Authorization Phone Number If Necessary:

IN CASE OF SERIOUS ILLNESS/INJURY, FIRST AID WILL BE RENDERED WHILE CONTACTING PARENT. IF NEITHER PARENT NOR DESIGNEE CAN BE REACHED AND THE SITUATION WARRANTS IMMEDIATE ACTION, 911 SHALL BE CONTACTED FOR IMMEDIATE MEDICAL TREATMENT AND TRANSPORTATION TO THE HOSPITAL. FEES FOR TRANSPORTATION AND MEDICAL SERVICES RENDERED WILL BE THE RESPONSIBILITY OF THE PARENT/GUARDIAN.

Parent Signature: Date: