

2019 NAFME All-National Honors Ensembles

November 7-10, 2019, Orlando, FL

MEDICAL FORM

TO BE COMPLETED BY PARENT(S)/GUARDIAN(S)



**All-National
Honor Ensembles**

This form must be completed and signed by a parent or legal guardian. All information is CONFIDENTIAL and will only be disclosed to NAFME staff and chaperones, conference personnel, and medical personnel.

This form must be completed by Friday, September 13, 2019.

PLEASE MAKE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD AND SUBMIT WITH THIS FORM

Student Name: _____

Student Cell Phone: _____

Ensemble Name: (Circle One) Band Choir Orchestra Jazz Guitar Modern Band

Required Authorization: *I, the parent or legal guardian of _____ (my child), authorize The National Association for Music Education to obtain medical care for my child in the event such care is necessary. In case of a medical emergency and an inability to contact me, I hereby give permission to a licensed health care provider or an accredited hospital facility to perform any medical and/or surgical procedure essential for the treatment of my child and agree to be responsible for payment for such care. I also hereby give permission to my child to self-administer any prescribed medication that is in its original container and properly labeled with my child's name, dosage, and times per day the medicine is to be taken. In addition, I give permission for the on-duty health care professional to provide the following over-the-counter medications to my child (please check):*

- Tylenol Advil Tums Cough Drops Benadryl

Please list all prescribed medications that your child will have and dosage instructions:

Medication Name	Dosage	Frequency

For safety reasons, I give staff permission to share pertinent medical history for my child with staff, teachers and/or chaperones on a need-to-know basis. I release NAFME and its employees and representatives from any damages, liability, or loss resulting from their securing medical care for my child.

Parent/Guardian Signature _____

Date _____

Student Name: _____	Date of Birth: _____
Street Address (No PO Box): _____	
City: _____	State: _____ Zip: _____ Home Phone: _____
Emergency Contact - Other Than Parent/Guardian: _____	
Relationship to Student: _____	
Mobile Phone: _____	Secondary Phone: _____

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Health History

Check **all** that apply to your child and provide an explanation with a detail of treatment and control (attach extra pages as needed). **All prescription medications must be in their original containers with student's name, dosage, and times per day the medicine is to be taken.** Students will be responsible for dispensing and providing their own medications. NAFME will not provide medications of any kind to students.

- Heart trouble _____
- Blackouts/Convulsions/Seizures _____
- Diabetes _____
- Asthma or Bronchitis (Inhalers used for the treatment of Asthma must be carried by the student at all times)
- Physical Disability _____
- Allergies (non-food related):
 - Bee Sting
 - Medications (*list*) _____
 - Other (*list*) _____
- Illness for which child is currently receiving treatment and/or medication (*be specific*) _____

Other (*be specific*) _____

Dietary Restrictions:

- Food Allergy _____
- Vegetarian
- Vegan
- Halal
- Kosher
- Gluten-Free
- Other _____

I will accompany my child at all times during the All-National Honors Ensembles event due to his/her medical condition listed above and understand I must provide a physician's note to do so. I understand that I will assume all responsibility for my child while participating in the 2019 NAFME All-National Honor Ensembles held November 7-10, 2019. I also understand that I am responsible for securing and paying for my own hotel room to be shared with my child. I will also be responsible for my meals and other incidentals associated with attending the event on behalf of my child.

Please list the date of your child's last Tetanus Shot: ____/____/____

Parent/Guardian Signature _____

Date _____

Mobile Phone: _____ **Secondary Phone:** _____