

# NAFME All-National Honors Ensembles

October 26-29, 2014 • Nashville, Tennessee

## EMERGENCY MEDICAL CARE FORM

This form must be completed and signed by a parent or legal guardian. Please print or type required information. All information is CONFIDENTIAL and will only be disclosed to NAFME staff, conference personnel, and medical personnel. **Form must be returned with CONTRACT by September 20, 2013 electronically via Docusign or scanned and sent to honorensembles@nafme2.org.**

**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       Benedryl

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

<b>Medication Name</b>	<b>Dosage</b>	<b>Frequency</b>

*For safety reasons, I give staff permission to share pertinent medical history for my child with 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 \_\_\_\_\_

Child: Child's Name _____ Date of Birth _____ Street Address (No PO Box) _____ City _____ State _____ Zip _____ Home Phone _____
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Parent/guardian: Name(s) _____ Business Phone _____ alt: _____ Mobile _____
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*Keep a copy for your records.*

**Emergency Contact – Other than Parent/Guardian**

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**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
  - Bee Sting
  - Medications (list) \_\_\_\_\_
  - Foods (list) \_\_\_\_\_
  - Other (list) \_\_\_\_\_
- Illness for which child is currently receiving treatment and/or medication (*be specific*) \_\_\_\_\_

Other (*be specific*) \_\_\_\_\_

I will accompany my child at all times during the conference due to his/her medical condition listed above. I understand that I will assume all responsibility for my son/daughter while participating in the 2014 NAFME All-National Honor Ensembles held October 26-29, 2014. I also understand that I am responsible for securing and paying for my own hotel room to be shared with my son/daughter, which may or may not be with selected group. I will also be responsible for my meals and other incidentals associated with attending the event on behalf of my son/daughter.

**PLEASE MAKE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD AND SEND WITH THIS FORM.**