



2022 All-National Honor Ensembles Medical Form

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 16, 2022.**

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: _____

2022 NAFME All-National Honors Ensembles

November 3-6, 2022, National Harbor, MD

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



**All-National
Honor Ensembles**

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 2022 NAFME All-National Honor Ensembles held November 3-6, 2022. 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:** _____