

SPRING-FORD HIGH SCHOOL MUSIC DEPARTMENT

Emergency Treatment Authorization Card
(please print)

Student's Legal Name _____ Grade _____ Birthday _____

Parent/Guardian Name _____

Address _____

Phone Day _____ Night _____ Cell _____

Drug Allergies _____

Other Allergies _____

Serious Injuries or Illnesses _____

Medications _____

Alternate Emergency Contact:

Name _____ Phone _____

Primary Care Doctor:

Name _____ Phone _____

Primary Insurance Company _____

Policy Number _____ Group Number _____

In case of an emergency, I give my permission for appropriate school staff and/or their designees to render medical treatment or authorize medical treatment by a hospital or other healthcare provider. This includes the treatment of minor illnesses and injuries.

Signature of Parent/Legal Guardian _____ Date _____