

NUTLEY PUBLIC SCHOOLS
MUSIC DEPARTMENT
300 FRANKLIN AVE., NUTLEY, NJ 07110

NHS. MUSIC DEPT.
Indoor Percussion Season
Medical Form

In the event that my child requires medical attention, I hereby authorize faculty of the Nutley High School Music Dept. to act in my behalf in securing any and all medical attention necessary for the welfare and benefit of my child for the Nutley High Indoor Percussion Season, including rehearsals & competitions.

Any student who is taking medication during the trip, for any reason, must notify Ms. Wehrer. If the student need medication during the trip, Ms. Wehrer or a faculty member will keep the medication in their possession while in attendance.

Student's Name _____ Date of Birth ____/____/____
Print last Print first

Address _____ Phone () _____

Father's Name (print) _____

Phone () _____

Address, if different _____

Mother's Name (print) _____

Phone () _____

Address, if different _____

Student's Physician (print) _____

Phone () _____

Medication currently being used (print) _____

for _____

Any known allergies _____

Medical Insurance Card:

Company: _____

Member's Name: _____

Member ID Number: _____

IF I AM UNAVAILABLE (in an emergency) PLEASE CONTACT:

Name (print) _____ Relationship _____ (H) Phone () _____

Address _____ (W) Phone () _____

If you feel there is anything the music teachers should know about your child, please state here. All information will be held in confidence. _____

Name of Parent(s) (print) _____

Signature of Parent(s) _____