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

NHS. MUSIC DEPT.
Winter Guard 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 Winter Guard Season, including rehearsals & competitions.

Any student who is taking medication during the trip, for any reason, must notify Ms. Alessandra-Cordasco. If the student need medication during the trip, Ms. Alessandra-Cordasco 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) _____