

**MUSIC EDUCATORS OF BERKS COUNTY  
2008 ELEMENTARY STRING EMERGENCY FORM**

STUDENT'S NAME: \_\_\_\_\_ SCHOOL NAME: \_\_\_\_\_

SCHOOL DIRECTOR'S NAME: \_\_\_\_\_ (First Group)

My son/daughter named above has my permission to participate in the MEBC Music Festival on Saturday, March 15, 2008,

I understand that members of Music Educators of Berks County, and the Host School District, are not responsible in the event of accident or illness.

**If my child needs emergency medical attention during this festival, please:  
Initial one:**

\_\_\_\_\_ Act on my behalf, securing the necessary, reasonable emergency/medical care, and notifying me through the phone numbers provided below at the earliest opportunity.

\_\_\_\_\_ Other specific instructions): \_\_\_\_\_

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I also guarantee payment of all charges incurred during such medical treatment if necessary, and acknowledge that no representations, warranties, or guarantees as to results or cures will be made.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent or Legal Guardian)

In the event of an emergency, the following person should be contacted (LIST IN ORDER OF PREFERENCE):

1. Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone number at which this person can be reached during the festival rehearsal: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone number at which this person can be reached during the festival rehearsal: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone number at which this person can be reached during the festival rehearsal: \_\_\_\_\_

**THIS IS PAGE 1 OF A 2-PAGE DOCUMENT.**

**PLEASE COMPLETE THE INFORMATION ON PAGE 2.**

**This page must be stapled to (or copied on the reverse side of) PAGE 1 of this document.**

Daytime Physician to call: \_\_\_\_\_

This Physician's Phone Number: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Do you carry family medical/hospital insurance? Circle one: YES or NO

If so indicate:

Carrier: \_\_\_\_\_

Policy or group number: \_\_\_\_\_

Identification number: \_\_\_\_\_

Please indicate any medical problems (include allergies to medicine):

\_\_\_\_\_  
\_\_\_\_\_

My child needs to take prescription medication: Circle one: YES or NO

(If yes, please list the prescription medication he/she may be taking during the festival. Note that any prescriptions must be in the original packaging or Rx container with pharmacy labeling.)

\_\_\_\_\_  
\_\_\_\_\_

My child may take Tylenol, Tums, or a cough drop.  
Circle one: YES or NO

**PARENT'S CELL PHONE AND/OR EMERGENCY PHONE NUMBER(S) WHERE A PARENT CAN BE REACHED DURING THE REHEARSAL DAY AND SATURDAY REHEARSAL AND FESTIVAL:**

1. \_\_\_\_\_

2. \_\_\_\_\_