

**MUSIC EDUCATORS OF BERKS COUNTY
2007-2008 JR. COUNTY FESTIVAL EMERGENCY FORM**

STUDENT'S NAME: _____ SCHOOL NAME: _____

SCHOOL DIRECTOR'S NAME: _____ (First Group)

SCHOOL DIRECTOR'S NAME: _____ (Second Group, if applicable.)

SCHOOL DIRECTOR'S NAME: _____ (Third Group, if applicable.)

My son/daughter named above has my permission to participate in the MEBC Music Festival on Saturday, April 26, 2008, and on the following applicable rehearsal dates (dates subject to change in the event of weather postponements):

Initial those that apply:

_____ Junior County **BAND** - Tuesday, April 22, 2008

_____ Junior County **CHORUS** - Wednesday, April 23, 2008

_____ Junior County **ORCHESTRA** - Friday, April 25, 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): _____

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(s): _____

2. Name: _____ Relationship to student: _____
Phone number at which this person can be reached during the festival rehearsal(s): _____

3. Name: _____ Relationship to student: _____
Phone number at which this person can be reached during the festival rehearsal(s): _____

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. _____