

**MUSIC EDUCATORS OF BERKS COUNTY  
2009-2010 SR. 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, January 23, 2010, and on the following applicable rehearsal dates (dates subject to change in the event of weather postponements):

**Initial those that apply:**

\_\_\_\_\_ Senior County **CHORUS** - Tuesday, January 19, 2010

\_\_\_\_\_ Senior County **ORCHESTRA** - Wednesday, January 20, 2010

\_\_\_\_\_ Senior County **BAND** - Friday, January 22, 2010

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

**(IF THE STUDENT IS IN MORE THAN ONE PERFORMING GROUP, THIS COMPLETED FORM SHOULD BE PHOTOCOPIED AND A COPY GIVEN TO EACH OF YOUR SON'S/DAUGHTER'S SCHOOL DIRECTORS FOR SUBMISSION TO MEBC.)**