

#8aS

NAME: \_\_\_\_\_  
(Last) (First) (Initial)

Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_

# MEDICAL INFORMATION

## PREUCIL SCHOOL OF MUSIC TOUR OF THE BALTICS FOR STUDENTS UNDER 18

(PLEASE TYPE OR PRINT)

THIS FORM WILL BE CARRIED BY THE STAFF DURING THE TOUR AND WILL BE CONFIDENTIAL

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### In Case of Emergency, Please Notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Ins. Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Provider Phone # \_\_\_\_\_

List any physical or mental conditions for which child is being treated by a doctor: \_\_\_\_\_

Medication (Turn in a list of prescription medicines to a Preucil Office): \_\_\_\_\_

Allergies (Check): Aspirin \_\_\_ Penicillin \_\_\_ Sulfa \_\_\_ Insect Stings \_\_\_ Tetracycline \_\_\_

Other – Specify: \_\_\_\_\_

Health History (Check): Diabetes \_\_\_ Asthma \_\_\_ Cardiac Problems \_\_\_ Epilepsy \_\_\_ Depression \_\_\_

Orthopedic Problems \_\_\_ Other (Specify) \_\_\_\_\_

Has your child had a tetanus shot within the last 6 years? Yes \_\_\_ No \_\_\_

I give permission to administer to my child (Check): Tylenol \_\_\_ Ibuprofen \_\_\_ Benadryl \_\_\_ Pepto Bismol \_\_\_

Aspirin \_\_\_ Tums \_\_\_ Antiseptic Cream \_\_\_ Midol \_\_\_ Cortisone Cream \_\_\_ NONE \_\_\_

In case of an emergency: I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician or hospital selected by the Director in charge to secure proper treatment for and to order medications, injections, anesthesia or surgery for my child as named above. I understand that a Director will contact me as soon as possible to advise me of my child's condition.

PARENT/GUARDIAN: \_\_\_\_\_ Date: \_\_\_\_\_

### FORM MUST BE NOTARIZED

NOTARY'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_



