

**Middletown High School South**  
**Spring Music Department Trip**  
**Medical Information &**  
**Authorization for Emergency Health Treatment**

**PLEASE ATTACH A COPY OF THE CHILD'S INSURANCE CARD TO THIS FORM**

**NAME** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

Students will be responsible for taking their own medication. All prescription medication must be in the original container with the student's name, dosage, and frequency of the medication clearly labeled. Over-the-counter medication must be in a new, sealed container and accompanied by parental permission. Supplements and capsules, which appear to be medication, if not prescribed, will be considered a substance under the District's Substance Abuse Policy #5530.

Please **initial** the following:

Do you give your child permission to take over-the-counter, non-prescription medication (e.g. Tylenol, Benadryl, Imodium, etc.) that is already in their possession?

YES \_\_\_\_\_ NO \_\_\_\_\_

Do you give the school staff or chaperones permission to give your child over-the-counter, non-prescription medication if necessary?

YES \_\_\_\_\_ NO \_\_\_\_\_

**Medical Insurance for Above Named Minor** ☐ **None**

Primary Insurance Holder Information

Name: \_\_\_\_\_

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

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

Place of Employment: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Name of Health Insurance Co. (i.e. Blue Cross/Blue Shield, etc.) \_\_\_\_\_

I.D. or Contract Number \_\_\_\_\_

The above named students, and I, being the parent or guardian of the above named student, do hereby appoint Mr. Raguseo and Mrs. Kaster as representatives of Middletown High School South to act in our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named student during the Spring Music Department Trip – April 14th – 17th, 2016.

**Medical information, although confidential, may be shared with staff, doctors, EMS, other medical personnel, or the hospital if the need arises.**

I have completed the medical information request and can attest to its accuracy. I have also received and accept the terms, conditions and rules and regulations of the Spring Music Department Trip.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date