

SPRING-FORD AREA SCHOOL DISTRICT MUSIC
DEPARTMENT Emergency Treatment Authorization Card 2024-2025
(please print)

Student's Legal Name: _____ Grade: _____ Birthday: _____

Parent/Guardian Name: _____

Address: _____

Phone Day: _____ Night: _____ Cell: _____

Drug Allergies: _____

Other Allergies: _____

Serious Injuries or Illnesses: _____

Medications: _____

Alternate Emergency Contact Name: _____ Phone: _____

Primary Care Doctor Name: _____ Phone: _____

Primary Insurance Company: _____

Ins. Policy#: _____ Group #: _____

Ins. Policy Holders' Employer: _____

Ins. Policy Holder D.O.B.: _____

Other information: _____

Please Note:

Pennsylvania State Law prohibits staff and Spring-Ford Music Association parent volunteers from dispensing over the counter products to students while at band camp, home/away football games, competitions/adjudications and other school related events. This prohibition includes dispensing of any of the following nine items; Acetaminophen (Tylenol), Ibuprofen (Advil), Benadryl, Antacid Tablets/Liquids, Imodium A/D, Cold and Sinus Tablets, Calamine Lotion, Neosporin or First Aid Cream, Bee/Insect Sting, at any time as a part of a school sponsored activity. The only items that can be provided without the presence of a school nurse are:

- The use of soap/water
- Band-aides and ice in addition to rest and sitting out of the activity.
- The student or a staff member may contact a parent or guardian (who can bring items for their child, if needed), sitting out until they feel better and/or call EMS, if needed for emergencies.

Personal use of insulin, inhalers or epi-pens (as prescribed by your family physician) is still permissible.

In case of an emergency, I give my permission for appropriate school staff and/or their designees to render medical treatment or authorize medical treatment by a hospital or other healthcare provider. This includes the treatment of minor illnesses and injuries.

Signature of Parent/Legal Guardian _____ Date: _____