SPRING-FORD AREA SCHOOL DISTRICT MUSIC
DEPARTMENT Emergency Treatment Authorization Card 2025-2026
(*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:_____