SPRING-FORD AREA SCHOOL DISTRICT MUSIC DEPARTMENT

Emergency Treatment Authorization Card 2020-2021 (please print)

Student's Legal Name:		Grade:	Birthday:
Parent/Guardian Name:			
Address:			
Phone Day:			
Drug Allergies:			
Other Allergies:			
Serious Injuries or Illnesses:			
Medications:			
Alternate Emergency Contact Na			
Primary Care Doctor Name:	Pl	none:	
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:_____