

NITTANY VALLEY CHILDREN'S CHOIR  
STUDENT EMERGENCY FORM

Date \_\_\_\_\_

Student Name \_\_\_\_\_

Address \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Age \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Does the student have any health problems, such as allergies, diabetes, etc. If any, please specify \_\_\_\_\_

Is student on medication? If yes, please specify and list frequency of dosage

Will student have medication to use on the field trip? \_\_\_\_\_  
Yes No

Please circle which of the following OTC medications chaperones may administer to your child if the need arises—tylenol, ibuprofen, pepto-bismal, benadryl, cough drops, other (please list) \_\_\_\_\_.

Does the student have any other known physical limitations, recent illness or previous injury of which to be aware? \_\_\_\_\_

List date of most recent tetanus booster \_\_\_\_\_

Family physician \_\_\_\_\_ Phone \_\_\_\_\_

Health insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of Covered Individual \_\_\_\_\_

Group Number \_\_\_\_\_ ID# \_\_\_\_\_

List Parents' Names and home, work and cell numbers, for emergency contact.

Mom's Name \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Dad's Name \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Additional Contact \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

It is understood that in the final disposition of an emergency situation, the judgment of the NVCC authorities and chaperones will prevail.

IN CASE OF EMERGENCY, AND I CANNOT BE REACHED, I GIVE MY CONSENT TO ALLOW MY CHILD TO BE TREATED BY A PHYSICIAN OR AT A MEDICAL FACILITY.

\_\_\_\_\_  
Signature of parent or guardian Date