
MEDICAL EMERGENCY AUTHORIZATION FORM

NAME OF MUSIC IN MAY STUDENT _____
(LAST) (FIRST)

SCHOOL _____ TOWN _____

AS PARENT OR LEGAL GUARDIAN, I AUTHORIZE, IN EVENT OF ILLNESS OR INJURY, A QUALIFIED PHYSICIAN TO EXAMINE THE ABOVE-NAMED STUDENT AND TO ADMINISTER EMERGENCY CARE. I UNDERSTAND EVERY EFFORT WILL BE MADE TO CONTACT ME TO EXPLAIN THE NATURE OF THE PROBLEM PRIOR TO TREATMENT.

PLEASE LIST:

1. ANY PHYSICAL LIMITATION THAT WOULD NEED ACCOMMODATION _____

2. ANY ALLERGIES _____

3. ANY MEDICATIONS **AND** THE CONDITIONS FOR WHICH THEY ARE REQUIRED _____

4. MEDICAL INSURANCE PROVIDER _____

GROUP NUMBER _____

6. STUDENT'S PRIMARY CARE PHYSICIAN _____

PHONE NUMBER _____

DATE _____ PARENT/GUARDIAN
SIGNATURE _____

PARENT/GUARDIAN HOME PHONE NUMBER PARENT/GUARDIAN ALTERNATE PHONE

OTHER EMERGENCY NAME AND PHONE NUMBER (NEIGHBOR, RELATIVE, ETC)

**PLEASE RETURN THIS FORM WITH YOUR MUSIC IN MAY REGISTRATION FORM.
THIS INFORMATION WILL BE HELD IN CONFIDENCE AND USED ONLY IN CASE OF EMERGENCY.**

Pacific University, 2043 College Way, Forest Grove, OR 97116 PHONE (503) 352-2198
FAX: (503) 352-2910 e-mail: mim@pacificu.edu
web site: <http://www.pacificu.edu/mim>