



## MEDICAL FORM

Student Name: \_\_\_\_\_ Ensemble: \_\_\_\_\_

In the absence of a parent or legal guardian of the student named above, and in the case a parent or legal guardian cannot be contacted, in the event of an emergency, the Undersigned parent or legal guardian authorizes NJYS to take such measures and arrange for such medical and hospital treatment as is deemed necessary and appropriate to protect the health and well-being of the student named above. NJYS is also authorized, in the event of an emergency, to permit necessary surgery or medicine application as advised by a physician or medical staff, or to take the student named above to the emergency room of the nearest hospital. Further, the Undersigned authorizes that hospital and its medical staff to provide necessary and appropriate surgery and medical treatment to restore well-being to the student named above. The Undersigned agrees to indemnify and hold harmless NJYS, its employees and representatives against any action resulting from negligence or accidental transgressions while performing under this authorization.

Parent or Guardian Signature: \_\_\_\_\_

Print Parent or Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact #1 (Name & Telephone): \_\_\_\_\_

Emergency Contact #2 (Name & Telephone): \_\_\_\_\_

### Emergency Medical Information

Please check all that apply

\_\_\_ Allergies to food/medication/other causes. Explain below and/or attach additional page.

\_\_\_ Dizzy spells, motion sickness, fainting

\_\_\_ Chronic back or neck pain

\_\_\_ Hypoglycemia

\_\_\_ Heart trouble or chest pains

\_\_\_ Low/high blood pressure

\_\_\_ Asthma

\_\_\_ Frequent nausea, jaundice, hepatitis

\_\_\_ Diabetes

\_\_\_ Convulsions

\_\_\_ Hernia, severe menstrual cramps

\_\_\_ Frequent headaches

\_\_\_ Epilepsy (seizures)

\_\_\_ Emotional problems that require medication

\_\_\_ Major bone or joint injuries

Explain any checks or other concerns below and/or attach additional page:

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

May NJYS contact your physician if there are any medical concerns? \_\_\_ Yes \_\_\_ No

Health/accident insurance carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_