

**ASHEVILLE HIGH SCHOOL CHOIRS
EMERGENCY MEDICAL INFORMATION (2013-2014)**

PLEASE PRINT

STUDENT'S FULL NAME _____

GRADE _____ DATE OF BIRTH _____ AGE _____

ADDRESS _____
STREET CITY STATE ZIP

STUDENT SOCIAL SECURITY NUMBER _____

HOME PHONE _____

FATHER/GUARDIAN _____

WORK PHONE _____ CELL _____

MOTHER/GUARDIAN _____

WORK PHONE _____ CELL _____

PRIMARY CARE PHYSICIAN _____ PHONE _____

MEDICAL INSURANCE INFORMATION: (REQUIRED)

HEALTH INSURANCE COMPANY/POLICY NAME _____

AUTHORIZATION PHONE NUMBER _____

POLICY HOLDER _____

CONTRACT/GROUP NUMBER _____

HOSPITAL PREFERENCE _____

LIST ALL MEDICATIONS CURRENTLY BEING USED (Indicate daily dosage, time, and if refrigeration is required.)

HEALTH/EMERGENCY INFO (Please list any allergies to food and/or medicine/health conditions or religious convictions/legal arrangements that we ought to know prior to treatment) Please continue on the back if necessary.

IN THE EVENT OF AN EMERGENCY, PLEASE LIST CONTACT INFORMATION (CONTACT WILL BE MADE IN ORDER INDICATED)

NAME	RELATIONSHIP	PHONE
#1 _____	_____	_____
#2 _____	_____	_____
#3 _____	_____	_____

CONTINUED ON REVERSE

I _____ (parent/guardian) recognize that as a result of participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

- The undersigned hereby releases and agrees to hold harmless the Asheville High School Arts Department and its respective agents, employees, and representatives from any and all claims, demands, actions, and causes of action that the undersigned may have as a result of the individual listed above participating in the field trip.
- The parent/guardian undersigned permits the head chaperones and/or AHS administrator to secure necessary medical treatment in the case of accident and/or illness of the traveler and agrees to be responsible for charges incurred from necessary medical treatment for the participant.
- The undersigned further agrees to be responsible for the student while traveling to and from the field trip destination, including any expenses incurred by the individual, caused by the individual, and/or any personal injuries that may occur to the individual.

Parent/Guardian Signature

Date