Medical Treatment Authorization

Permission is hereby granted to staff of Green Mountain Chamber Music Festival to seek medical

treatment as necessary for: _____
Student name Date of birth

In case of illness or injury requiring medical attention, I understand that GMCMF staff will contact a parent, guardian, or other designated person.

In the event of serious illness or injury, I understand that an attempt will be made by medical personnel to contact the parent, guardian or other designated contact immediately. If medical personnel are unable to communicate with parent, guardian or other designated contact, the necessary treatment for the above student may be given. If student is under 18, a parent or guardian MUST sign below in order for medical treatment to be given. Without this signature, the hospital/doctor MUST first get permission from the parent/guardian before medical treatment can be given.

_____
Signature of Student Date

_____
Signature of Parent or Guardian (if student is under 18) Date

Health History

_____Asthma
_____ADD/ADHD
_____Bleeding/clotting disorder
_____Diabetes
_____Epilepsy/seizures
_____Frequent ear infections
_____Heart problem
_____Hypertension
_____Migraines
_____Mononucleosis
_____Neuromuscular problem
_____Psychiatric condition
_____Tuberculosis

Other serious illness or injury:

_____
_____

List **all** current medications (Prescription, OTC, herbal):

_____
_____
_____

Allergies

_____Insect stings
_____Penicillin
_____Other drugs
_____Food item (specify)
_____Other (specify)

Parents' address (if in US): _____
_____
Phone (home): _____ (cell) _____
Phone (work): _____
Other emergency contact: _____
Address: _____
Phone (home): _____ (cell) _____
Phone (work): _____
Family physician: _____
Name Phone

Insurance Company: _____
Phone: _____
Address: _____
Policy/ID Number: _____
Policy under name of (Subscriber): _____
Subscriber's SSN: _____
Subscriber's DOB: _____

Please attach a photocopy of your insurance card (+ prescription card) to this form. Include a doctor's health form if available. Please check for completeness, and WRITE LEGIBLY.