



**SCPS Musical
Authorization of Medical Treatment**

In the event of a medical emergency, I authorize the representatives of SCPS to seek appropriate medical treatment for my child, _____.

Parent Signature _____ Date _____

Insurance Co. _____ Policy # _____

Preferred Hospital _____

Family Physician _____ Phone _____

Food Allergies _____

Medicine Allergies _____

Current Medication _____

Medical Conditions _____

Emergency Contact Numbers:

Mother: _____ cell: _____

Father: _____ cell: _____

Other: _____ cell: _____

In the event that my child has minor discomfort during rehearsal or performance, I consent for them to be given the following: (please initial)

_____ motrin

_____ tylenol

_____ cough drops

_____ tums

_____ benadryl