## PENNSYLVANIA MUSIC EDUCATORS ASSOCIATION FIRST AID/EMERGENCY TREATMENT AUTHORIZATION

If the school or festival host cannot contact either parent/guardian, please list two relatives or friends who would have the authority to advise us regarding your child:

Name	Relations	ship to Child	
Address		Phone	
Name	Relations	ship to Child	
Address		Phone	
judgment in sending the chil reached.	d to a hospital or doctor m	nost easily accessi	host, or designee will use their own ble before the parent/guardian can be
Name of preferred hospital_ Name of preferred doctor			
			rs, a separate Medication nistered must be completed.
prevail. The recommendation of at any time the above information director in writing. It is under Pennsylvania Music Educated PMEA, from any and all law	on of the parent/guardian, rmation must be changed, erstood and agreed that the ors Association, the host so vsuits, claims, demands, exid or emergency treatments	as indicated above I will notify my cechild and his/her chool district, and xpenses or costs a t to the child whil	adgment of the school authorities will e, will be respected as far as possible. hild's music director/or festival host parent/guardian shall hold harmless any registered nurse employed by rising out of the administration of or e in attendance at a PMEA-sponsored
	Signature of parent or g	guardian	Date
This medical form will be pr	covided to the host family	and/or nurse on c	all.
PARENT/GUARDIAN SIG	NATURE	STUDENT SI	GNATURE
Revised February 2014			