## **Medical and Emergency Information Form**

The information you provide on this pa	ge is vitally important in case of emergency or f	or the use of
emergency first aid while away from th	e community. This information will remain conf	idential. This
form must be returned by March 10 <sup>th</sup> , 2	<u>2015</u> . We	_ and
,	the parents/guardians of	<del></del> ·
a MINOR, have entrusted such minor in	nto the care of Sterling Public Schools under the	supervision of
the activity director and sponsors for th	ne purpose of taking part in the Music Trip from	March 18 <sup>th</sup> ,
2015 to March 21 <sup>st</sup> , 2015. In such conne	ection, we authorize such caring adults to conse	ent to any x-ray
examination, anesthetic, medical or sur	rgical diagnosis or treatment, and hospital care	to be rendered
to such minor under the general or spe	cial supervision, and on the advice of physician	or surgeon
licensed under the provisions of the Me	edicine Practice Act, or if in another state or cou	ıntry governing
the practice of medicine or to consent t	to any x-ray examination, anesthetic, dental or s	surgical
diagnosis or treatment and hospital car	e to be rendered to such minor by a dentist lice	ensed under the
provisions of law in that state or countr	ry governing the practice of medicine. Whether	on any
occasion such consent is rendered to ar	ny such medical or dental attention, it is to be c	onsidered
within the above provisions and limitat	ions under the same kind of reasonable, respon	ısible
deliberations as we such minor's paren	ts would have to consider it. We further author	ize such caring
adults to arrange for hire an ambulance	e or other emergency vehicle to transport at ou	r expense such
minor to a suitable place where medica	al or dental care is provided. It is understood tha	at these
arrangements are to be made at our ex	pense.	
CHECK HERE IF SPECIAL MEDI	CAL CONDITION FORM IS REQUIRED.	
Signatures of Parents/Guardians	Date	, 2015
	Contact #	
	Contact #	
Relative or neighbor to notify in case of	f emergency:	
Name	<del></del>	
Home Phone	Cell Phone	
Relationship to student		