

# Attached due : May 20

## MEDICAL INFORMATION NOTICE TO PARENTS:



Although we hope we will never need emergency medical information while members are on a trip away, we want to be prepared just in case there is a problem. For this reason, we ask that everyone complete and return the Member Overnight Travel Emergency and Medication Form located on the back of this page.

- **Emergency Contact Information:** You may have already provided emergency contact information to our office at the beginning of the season, but we need to have it with us while traveling in case there is a need to call you or get a message to you. For this reason, we request that you provide up-to-date contact information.
- **Parent's Consent for Medication:** Please follow these guidelines:
  1. All medication must be in the original container to be given by chaperone or staff.
  2. All medication must have the member's name on the container.
  3. Prescription medications and inhalers must have the pharmacy label on them. Dosages will only be given per the directions on the container from the pharmacy.
  4. Consent for Acetaminophen (non-aspirin substitute): If you want your child to receive a non-aspirin substitute for any reason (including pain relief for headache) while on the trip, it must be indicated on the consent form.
  5. All medication must be checked in to the designated chaperone, no musician is permitted to keep any medication, including aspirin substitutes unless the member is 18 years or older.
- **Parent Contact in Case of Illness:** If a member appears to be ill, complains of illness to a chaperone, or has an illness reported to a chaperone by another member or adult, Ms. Lichner or Mrs. Hagen will contact the member's parent by phone to consult as to the appropriate course of action in treating the member's illness. Communication will be handled directly by staff via phone.

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# CODE OF CONDUCT

I understand, that should I be found in the possession of alcohol, smoking devices, or non-prescription drugs of any kind, my parents will be called, and I will be sent home at my expense. I realize that I am responsible for any damage done to my hotel room (both physical & financial), whether it is imparted by me, or another party in my room.

I also understand that if my conduct is harmful to others, disrespectful, damaging to property or "unbecoming" of a young adult, I will be sent home at my expense. Examples of "unbecoming behavior" include but are not limited to, loud noise from my room, running down the hallways, physical violence to another hotel guest or one another, cursing, or being disrespectful to employees, etc.

The conduct is to be judged by Educational Performance Tours and/or hotel Management/Security. We ask that you comport yourself in a way that will provide a safe, inclusive, and enriching trip for all involved. By signing this code of conduct, I commit to upholding these behavior standards, and contributing to a positive and memorable experience.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

## MEDICAL PROXY

I am the parent/guardian of \_\_\_\_\_ and I give permission to the Tour Operator, Educational Performance Tours, to hospitalize and/or secure emergency treatment in the event that the Teacher in charge, School representative or injured person's emergency contacts are not available.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

## EMERGENCY INFORMATION

\_\_\_\_\_  
Parent / Guardian Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Cell Phone #:

\_\_\_\_\_  
Work Phone #:

# MEMBER OVERNIGHT TRAVEL EMERGENCY & MEDICATION FORM



Member Name: \_\_\_\_\_ Home Ph: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Father/Guardian Name: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Mother/Guardian Name: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell: \_\_\_\_\_

If I am unavailable in the event of an emergency, the following people may make decisions on my behalf and/or assume temporary custody if necessary:

Local friend or relative	Relationship	Home phone	Work phone	Cell phone

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

- Do you authorize a parent chaperone or Executive Director's designee to give your child Acetaminophen (aspirin substitute)?  Yes  No
- Specify health problems/allergies: \_\_\_\_\_
- Is your child on daily medication?  No  Yes (If yes, please complete consent for giving medication below)
- Limitations, concerns, or other information: \_\_\_\_\_
- Insurance carrier: \_\_\_\_\_ Group/policy#: \_\_\_\_\_

## MEDICAL TREATMENT AUTHORIZATION:

In the event of illness or injury occurring to my child while on this travel/activity, I hereby give my consent for medical or dental care deemed necessary by the attending health care provider or dentist. My child may be examined and any necessary procedures (medical, dental, or surgical), anesthesia, or diagnostic procedures (lab or x-ray) may be performed under the supervision of a member of the hospital or medical office staff furnishing such services. I further acknowledge that I am financially responsible for any medical, dental, ambulance, or other health care expenses, or transportation of my child home, which might occur as a result of such illness or injury. I understand that Metropolitan Youth Symphony does not provide accident medical/dental coverage for members for illnesses/injuries occurring during travel/activities. I also acknowledge that I may obtain accident insurance through the travel company. If I do not currently have family medical insurance. I understand that, in the event of other than minor illness or injury, reasonable effort will be made to contact me.

## CONSENT FOR GIVING MEDICATION:

I hereby request and give my consent for a parent chaperone or Executive Director's designee to see that my child receives the medication as listed below:

MEDICATION	DOCTOR	DIAGNOSIS/ REASON FOR GIVING	TIME TO BE GIVEN	DATE FROM	DATE TO

Prescription medication must be in the original container as prepared by a pharmacist and labeled, including the patient name, name of medication, dosage, and time to be given. Any over-the-counter medication must be in the original packaging with all directions, dosages, compound contents, and proportions clearly marked.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_