

**MEDICAL EMERGENCY INFORMATION  
IMPORTANT!**

PLEASE ATTACH A COPY OF THE STUDENT'S INSURANCE CARD TO THIS FORM

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

Please list any health condition or special circumstances that we ought to know about prior to emergency treatment, if such treatment is necessary:

---

---

List any medications taken by the student:

---

---

List any allergies: \_\_\_\_\_

Any special dietary requirements?

---

Is the student current on all his or her vaccinations? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please list vaccinations not yet received: \_\_\_\_\_

Name of physician: \_\_\_\_\_ Name of Dentist: \_\_\_\_\_

Physician Phone# \_\_\_\_\_ Dentist Phone#: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Ph# \_\_\_\_\_

Emergnecy Contact #2: \_\_\_\_\_ Ph# \_\_\_\_\_

Health/Accident insurance carrier and policy number: \_\_\_\_\_

---

I, a parent or legal guardian of \_\_\_\_\_, a Northern California Flute Camp student at Hidden Valley Music Seminars, do give my consent for any and all medical aid, treatment, or surgery deemed necessary by a representative of the administration of the staff of Hidden Valley Music Seminars. I understand that all costs for such aid, treatment or surgery shall be my responsibility and shall be payable upon receipt of billing. It is also understood that Hidden Valley Music Seminars shall notify the undersigned immediately if any medical aid is deemed necessary.

\_\_\_\_\_  
Parent or Guardian (please print)

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**IMPORTANT: Withholding any information regarding this student's health or medication is ground for immediate dismissal and/or refusal of future admission.**

**REMINDER: WE MUST receive a copy of the student's insurance card with this form.**