



**Rogers-Herr Year-Round Middle School
Music Department**



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Medical Form---Walt Disney Trip 2011

(Please Print)

Student Name: _____ Date of Birth: _____

Parent(s)/Guardian(s) Name(s): _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Emergency Medical Information:

Policy Holder's Name (parent or guardian): _____

Insurance Company: _____

Policy Number: _____

Emergency Contact Information (if parent cannot be contacted):

Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Medical Information: (Please indicate any medical concerns that may arise during this trip, such as allergies, medications, conditions, etc.) Continue on the back of this form if necessary.

Please Note: All medications, doctor's notes, and directions for use must be given to Ms. Cammon or Mr. Thompson before we leave.

Authorization for Treatment

I, _____, parent/guardian of _____, hereby authorize any necessary medical treatment needed in my absence. The undersigned will be responsible for any charges incurred for medical treatment under this authorization.

Parent/Guardian Signature _____

Date _____