# STUDENT MEDICAL INFORMATION FORM

**PENNSYLVANIA MUSIC EDUCATORS ASSOCIATION**

FORM REVIEWED BY THE PA DEPT OF HEALTH/DIVISION OF SCHOOL HEALTH, 2014

Please circle in which ensemble student will participate: Band, Wind Ensemble, Chorus, Orchestra, Jazz, Vocal Jazz

Student Name Sex Age Date of birth

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade

Home Address:

Street

City, State, Zip Code

Area Code/Phone number

Director’s Name

School

Father’s Full Name Work Phone Hours

Mother’s Full Name Work Phone Hours

Stepparent/Guardian’s Full Name Work Phone Hours

Is the student currently under medical treatment? YES NO

If yes, give the nature of the treatment and the doctor’s name and phone number:

Is the student currently taking any medications? YES NO

If yes, will the student require medications during the festival? YES NO

If yes, a separate medication administration form will need to be completed for each medication, including parent/guardian permission and licensed prescriber signature (see attached).

List any special health needs of which the school nurse or medical personnel should be made aware (allergies, diabetes, heart condition, food allergies, etc.)

Is your child allergic? YES NO If yes, please list all allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, have any of these allergies caused an anaphylactic reaction? YES NO

Date of last tetanus shot:

Name of health insurance:

Address Phone

Name of Guarantor Agreement #

Name of Employer (if group insurance)

OVER

Address Phone Group#

**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 Relationship to Child Address Phone Name Relationship to Child Address Phone

If EMERGENCY TREATMENT is required, school authorities, festival host, or designee will use their own judgment in sending the child to a hospital or doctor most easily accessible before the parent/guardian can be reached.

Name of preferred hospital

Name of preferred doctor

**If your child needs to be given medication during school hours, a separate Medication Administration Record form for each medication to be administered must be completed.**

It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent/guardian, as indicated above, will be respected as far as possible.

If at any time the above information must be changed, I will notify my child’s music director/or festival host

director in writing. It is understood and agreed that the child and his/her parent/guardian shall hold harmless Pennsylvania Music Educators Association, the host school district, and any registered nurse employed by PMEA, from any and all lawsuits, claims, demands, expenses or costs arising out of the administration of or failure to admin- ister first aid or emergency treatment to the child while in attendance at a PMEA-sponsored musical program or festival, including practice sessions.

Signature of parent or guardian Date

This medical form will be provided to the host family and/or nurse on call.

PARENT/GUARDIAN SIGNATURE STUDENT SIGNATURE

Revised February 2014