

STUDENT MEDICAL INFORMATION

Send to FESTIVAL HOST DIRECTOR

NAME _____ BIRTHDATE ____/____/____ SEX _____

SCHOOL _____ S.S.N. _____ - _____ - _____

(STEP OR GUARDIAN)

FATHER'S FULL NAME _____ WORKPHONE _____ HOURS _____

(STEP OR GUARDIAN)

MOTHER'S FULL NAME _____ WORKPHONE _____ HOURS _____

IF THE PARENTS (GUARDIANS) LISTED ABOVE CAN NOT BE CONTACTED, LIST TWO CONTACTS BELOW.

NAME _____ PHONE _____ RELATIONSHIP _____

NAME _____ PHONE _____ RELATIONSHIP _____

PLEASE LIST ANY MEDICATIONS THE STUDENT IS CURRENTLY TAKING.

(INCLUDE NAME AND PHONE # OF PRESCRIBING PHYSICIAN)

PLEASE LIST ANY CONDITIONS YOUR CHILD HAS, INCLUDING ALLERGIES.

DATE OF LAST TETNUS SHOT _____ PREFERRED DOCTOR/HOSPITAL _____

NAME OF HEALTH INSURANCE _____

ADDRESS _____ PHONE _____

NAME OF GUARANTOR _____ AGREEMENT # _____

NAME OF EMPLOYER (IF GROUP INSURANCE) _____

EMPLOYER'S ADDRESS _____ PHONE _____

*IF A STUDENT IS NOT COVERED BY A FAMILY OR OTHER TYPE OF MEDICAL INSURANCE PLAN, THE PARENT/GUARDIAN(S) WILL BE RESPONSIBLE FOR ALL MEDICAL EXPENSES. PMEA DOES NOT CARRY MEDICAL INSURANCE FOR FESTIVAL PARTICIPANTS. IF CONTACTS LISTED ABOVE CAN NOT BE CONTACTED, **WHAT DO YOU WISH THE SCHOOL OR FESTIVAL HOST TO DO** IN CASE IF AN ACCIDENT OR ILLNESS?*

IF EMERGENCY TREATMENT IS REQUIRED, MAY THE SCHOOL AUTHORITIES, FESTIVAL HOST, OR DESIGNEE USE THEIR OWN JUDGMENT IN SENDING THE CHILD TO A DOCTOR OR HOSPITAL MOST EASILY ACCESSIBLE BEFORE THE PARENTS/GUARDIANS CAN BE REACHED? **YES NO**

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 CHANGES, THE PARENTS WILL NOTIFY THE CHILD'S MUSIC TEACHER AND/OR FESTIVAL HOST **IN WRITING.**

ALL BLANKS MUST BE COMPLETED - PMEA IS NOT RESPONSIBLE FOR INCORRECT OR MISSING INFORMATION

PARENT (GUARDIAN) SIGNATURE _____ DATE ____/____/____