

STUDENT MEDICAL INFORMATION FORM

**PENNSYLVANIA MUSIC EDUCATORS ASSOCIATION
FORM REVIEWED/APPROVED BY PENNSYLVANIA HOSPITAL ASSOCIATION**

Student Name _____ Date _____

Sex _____ Age _____ Date of Birth _____ Grade _____

Home Address _____

(Street)

(City, State, Zip)

(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:

Is the student currently taking any medications? Yes No

If yes, give the name of the medication, reason it is given, doctor's name and phone number:

List any ailments of which the band nurse or medical personnel should be made aware
(allergies, diabetes, heart conditions, etc.):

Is your child allergic to: ___Pets ___Cigarette/Pipe Smoke ___Food (list specific food(s) on line above)

Date of last tetanus shot: _____

Name of health insurance: _____

Address

Phone

Name of Guarantor _____ Agreement # _____

Name of employer (if group insurance) _____

Address _____ Phone _____ Group # _____

OVER

