

PENNSYLVANIA MUSIC EDUCATORS ASSOCIATION
DISTRICT & REGION/STATE FESTIVALS
STUDENT MEDICAL FORM INFORMATION

Student First Name _____ Student Last Name _____

Sex _____ Grade _____ Age _____ Birth Date _____

Home Address _____ PO Box _____

City _____ State _____ Zip Code _____ Home Phone (____) _____

Music Director's Name _____ School Name _____

Father's
Full Name _____ Alt. Phone (____) _____ Hours _____

Mother's
Full Name _____ Alt. Phone (____) _____ Hours _____

Guardian's
Full Name _____ Alt. Phone (____) _____ Hours _____

Is the student currently under medical treatment? YES NO (Circle one)
If yes, give the nature of the treatment, reason it is given, doctor's name and phone number:

Is the student currently taking any medications? YES NO (Circle one)
If yes, give the name of the medication, reason it is given, doctor's name and phone number:

List any ailments of which the school nurse or medical personnel should be made aware:
(i.e. physical ailments, diabetes, heart conditions, etc.)

Is your child allergic to: Cats _____ Dogs _____ Tobacco Smoke _____ Food or Drugs _____

List Specific Food or Drug Allergies _____

Date of Last Tetanus Shot _____

Name of Health Insurance _____

Health Insurance Address _____ Phone (____) _____

Name of Guarantor _____ Agreement # _____

Name of Employer (if group insurance) _____

Address _____ Phone (____) _____ Group # _____

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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:

Full Name _____ Relationship to Child _____

City _____ State ____ Zip Code _____ Home Phone (____) _____

Full Name _____ Relationship to Child _____

City _____ State ____ Zip Code _____ Home Phone (____) _____

If none of the above can be reached by phone, WHAT DO YOU WISH THE SCHOOL OR FESTIVAL HOST TO DO in case the child is sick or injured?

If EMERGENCY TREATMENT is required, may the school authorities, festival host, or designee use their own judgment in sending the child to the hospital or doctor most easily accessible before the parent/guardian can be reached? YES NO (Circle One)

If NO, name preferred hospital and doctor _____

The host school nurse has my permission to administer (Circle as Allowed) to my son/daughter:

TYLENOL PEPTO BISMOL OTHER _____

Do you grant permission to have this medical form provided to the host family and/or nurse on call?

YES NO (Circle One)

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 administer first aid or emergency treatment to the child while in attendance at a PMEA-sponsored music program or festival, including practice sessions.

Parent Signature _____ Date ____/____/____