

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_