



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 Code _____
Area Code/Phone number _____ email address _____

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 medication? 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 school nurse or medical personnel should be made aware (allergies, diabetes, heart condition, 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: _____

Name of Guarantor _____ Address _____ Phone _____
Agreement # _____

Name of Employer (if group insurance) _____

Address _____ Phone _____ Group# _____

OVER

**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 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 a hospital or doctor most easily accessible before the parent/guardian can be reached? YES _____ NO _____

If no, name preferred hospital _____
preferred doctor _____

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 musical program or festival, including practice session

Signature of parent or guardian Date

The host school nurse has my permission to administer (circle as allowed): Tylenol, Pepto-Bismol, Other (be specific) _____ to my son/daughter.

Signature or parent or guardian Date

Do you grant permission to have this medical form provided to the host family and/or nurse on call?
Yes _____ No _____

PARENT/GUARDIAN SIGNATURE

STUDENT SIGNATURE