

**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

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: Please list specific food allergies: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Name of health insurance: \_\_\_\_\_

Address

Phone

Name of Guarantor \_\_\_\_\_ Agreement # \_\_\_\_\_

Name of Employer (if group insurance) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Group# \_\_\_\_\_