

STUDENT MEDICAL INFORMATION FORM
PENNSYLVANIA MUSIC EDUCATORS 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 medications? YES NO

If yes, will the student require medications during the festival? YES NO

If yes, a separate medication administration form will need to be completed for each medication, including parent/guardian permission and licensed prescriber signature (see attached).

List any special health needs of which the school nurse or medical personnel should be made aware (allergies, diabetes, heart condition, food allergies, etc.)

Is your child allergic? YES NO If yes, please list all allergies: _____

If yes, have any of these allergies caused an anaphylactic reaction? YES NO

If your child has special dietary needs, please complete a Student Special Dietary Needs Request and return it with this form.

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

