

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 _____
Cell phone _____

Father's Full Name _____
Work Phone _____ Cell phone _____

Mother's Full Name _____
Work Phone _____ Cell phone _____

Stepparent/Guardian's Full Name _____
Work Phone _____ Cell phone _____

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 the student allergic? YES NO If yes, please list all allergies: _____

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

If yes, does the student carry an epi-pen? [Must include on Medication Administration Record]

If the student 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# _____

**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 _____ Cell Phone _____
Name _____ Relationship to Child _____
Address _____ Cell Phone _____

If EMERGENCY TREATMENT is required, school authorities, festival host, or designee will use their own judgment in sending the child to a hospital or doctor most easily accessible before the parent/guardian can be reached.

Name of preferred hospital _____
Name of preferred doctor _____

If your child needs to be given medication during the PMEA Festival, a separate Medication Administration Record form for each medication to be administered must be completed.

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 sessions.

Signature of parent or guardian (required) Date

This medical form will be provided to the host family and/or nurse on call.

PARENT/GUARDIAN SIGNATURE STUDENT SIGNATURE

Should any information change throughout the initial PMEA application process, a new form must be secured online, updated and given to the PMEA Music Director.