

STUDENT MEDICAL INFORMATION FORM

Music group: \_\_\_\_\_ : Instrument \_\_\_\_\_

Student Name (**please print**) Last \_\_\_\_\_ First \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School/City \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

Work Phone#(\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

Work Phone #(\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_

Street \_\_\_\_\_

City/Town Zip \_\_\_\_\_

**In case of an emergency**, please call (person) \_\_\_\_\_ (phone number) (\_\_\_\_) \_\_\_\_\_

Is the student currently under medical treatment? \_\_\_\_\_

If yes, please provide the nature of the treatment and the doctor's name and phone number \_\_\_\_\_

Is the student currently taking any medication? \_\_\_\_\_

If yes, please provide the nature of the medication, reason, and doctor's name and phone number. \_\_\_\_\_

List any ailments of which the school nurse or medical personnel should be made aware of such as allergies, diabetes, heart condition, etc. \_\_\_\_\_

Name of health insurance provider \_\_\_\_\_ Policy # \_\_\_\_\_

If emergency treatment is required, may the school authorities, festival host, or designee use his own judgment in sending your child to a hospital, doctor most easily accessible before the parent/guardian can be reached? \_\_\_\_\_

If no, name preferred hospital \_\_\_\_\_

Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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, the parent will notify the child's music director, school, and festival host in writing.

Parent/Guardian Signature\_X \_\_\_\_\_ Date \_\_\_\_\_

Student Signature\_X \_\_\_\_\_ Date \_\_\_\_\_