

Student Medical Information

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

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

Street \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Area Code/Phone Number \_\_\_\_\_

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 name of the medication, reason it is given, Doctor's Name and Phone:

\_\_\_\_\_  
List any ailments of which the Medical Personnel should be made aware (allergies, diabetes, heart condition, etc)

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

Name of Health Insurance \_\_\_\_\_

Address and Phone \_\_\_\_\_

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

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

Address \_\_\_\_\_ Phone \_\_\_\_\_ Group # \_\_\_\_\_  
First Aid/Emergency Treatment Authorization

If the directors/chaperones cannot contact either parent/guardian, please list two relatives or friends who would have the authority to advise us regarding your child:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

If none of the above can be reached by phone, WHAT DO YOU WISH THE DIRECTORS TO DO in case the child is sick or injured?

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If EMERGENCY TREATMENT is required, may the directors 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

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 in writing.

\_\_\_\_\_  
signature of parent or guardian

\_\_\_\_\_  
date