

**STUDENT  
MEDICAL  
FORM**



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 \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Stepparent/Guardian's Full Name \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening 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 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 (list specific foods) \_\_\_\_\_

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

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

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

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

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

Address \_\_\_\_\_

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

*Please continue on reverse side.*

**FIRST AID/EMERGENCY TREATMENT AUTHORIZATION**  
**Westmoreland County Music Educators Association**

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 \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

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

If none of the above can be reached by phone, **WHAT DO YOU WISH THE SCHOOL OR FESTIVAL HOST OR TEACHER TO DO** in case your child is sick or injured?

\_\_\_\_\_  
\_\_\_\_\_

If **EMERGENCY TREATMENT** is required, may the school authorities, festival host, or designee use their own judgment in sending your child to a hospital or doctor most easily accessible before the parent/guardian can be reached?      **YES**      **NO**

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

Preferred doctor \_\_\_\_\_

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 the Westmoreland County Music Educators Association, the host school district, and any registered nurse employed by WCMEA, 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 WCMEA sponsored musical program or festival, including practice sessions.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

The host school nurse has my permission to administer (circle as allowed): Tylenol, PeptoBismol, Other (be specific) \_\_\_\_\_ to my son/daughter.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

Do you grant permission to have this medical form provided to the nurse on call?    Yes    No

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**STUDENT SIGNATURE**

*Revised March 2010*