

STUDENT MEDICAL INFORMATION FORM
INDIANA COUNTY MUSIC EDUCATORS ASSOCIATION

Student Name _____ Date _____

Sex _____ Age _____ Date of Birth _____ Grade _____

Home Address _____

(Street)

(City, State, Zip)

(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:

Is the student currently taking any medications? 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 band nurse or medical personnel should be made aware
(allergies, diabetes, heart conditions, etc.):

Is your child allergic to: ___ Pets ___ Cigarette/Pipe Smoke ___ Food (list specific food(s) on line above)

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

**INDIANA COUNTY 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 _____ 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 TO DO in case the child is sick or injured?

If EMERGENCY TREATMENT is required, may the school authorities, festival host, or designee use their own judgement in sending the child to the 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 judgement 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 Indiana County Music Educators Association, the host school district, and any registered nurse employed by ICMEA, 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 an ICMEA-sponsored musical program or festival, including practice sessions.

(Signature of Parent/Guardian) (Date)

The host school nurse has my permission to administer (Circle as allowed): Tylenol, Pepto Bismol, Other (be specific) _____ to my son/daughter.

(Signature of Parent/Guardian) (Date)

Do you grant permission to have this medical form provided to the host family and/or nurse on call?
_____ Yes _____ No

PARENT/GUARDIAN SIGNATURE

STUDENT SIGNATURE