



STUDENT MEDICAL INFORMATION FORM

Pennsylvania Music Educators Association

Form reviewed by the Pennsylvania Hospital Association

Name _____ Date _____

Sex _____ Age _____ Date of Birth _____ Grade _____

Home Address _____

Street, State, Zip Code

(814) _____	(814) _____
Home Phone	Family Cell Phone

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 any 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 medical personnel should be made aware (allergies, diabetes, heart condition, etc.)

Is your child allergic to _____ Pets _____ Cigarette/Pipe Smoke _____ Food (be specific)

Date of last tetanus shot: _____

Name of Health Insurance	
Address	Phone

Name of Guarantor	Agreement #
Name of Employer (if group health insurance)	

Address _____ Phone _____ Group # _____

