



PENNSYLVANIA MUSIC EDUCATORS ASSOCIATION
STUDENT MEDICAL INFORMATION FORM

**BOTH SIDES must be completed or the form will not be accepted

*All information must be printed/typed, except signatures

For Nurse Use Only:

Date:
Student Name:
Sex (at birth): Gender (if different from Sex):
Age: Date of Birth: Grade:
Home Address: Street

City, State, Zip: Cell Phone #: ()

Director Name: School Name:

Director Cell Phone #: ()

Parent/Guardian #1's Full Name:

Work Phone #: () Cell Phone #: ()

Parent/Guardian #2's Full Name:

Work Phone #: () Cell Phone #: ()

List any special health needs of which the school nurse or medical personnel should be made aware (allergies, diabetes, heart condition, food allergies, etc.):

Is the student allergic? YES NO

If yes, please list all allergies:

If yes, have any of these allergies cause an anaphylactic reaction? YES NO

If yes, does the student carry an epi-pen? (Must include on Medication Admin. Record): YES NO

Does the student have any physical condition(s) which we ought to know about? YES NO

If yes, please specify:

Is the student currently taking any medications? YES NO If yes, are they maintenance medications? YES NO

If taking medications, at what time of day are they taken (check/circle all that apply)?

Upon waking up Breakfast time Lunch time Dinner time Before going to bed

If the student must take a medication (maintenance (taken daily) or temporary) during the festival, a separate Medication Administration Record MUST be completed for each medication that will be taken, which includes parent/guardian permission and licensed prescriber signature.

Does the student have any special dietary needs (food allergies, special diet, etc.)? YES NO

If yes, a Student Dietary Needs Form MUST BE COMPLETED in order to guarantee proper accommodations at the festival. Please contact the festival host to receive this form.

Date of last tetanus shot:

Name of Health Insurance (REQUIRED):

Address: Phone #: ()

Policy Holder: ID #:

Employer Name (if group insurance):

Address:

Phone #: () Group #:

**Health Insurance information is required in order for participation in PMEA fests & festivals. If the student does not currently have insurance or the parent/guardian does not want to share this information the parent/guardian must write (in the above lines):

I accept responsibility for my student should they need medical attention during the event.**

**PENNSYLVANIA MUSIC EDUCATORS ASSOCIATION
FIRST AID/EMERGENCY TREATMENT AUTHORIZATION**

If the school or fest/festival host cannot contact either parent/guardian, please list two relatives (DO NOT USE FAMILY MEMBERS LISTED ON PAGE 1 OF THIS FORM) or friends who would have the authority to advise us regarding your child (all information below **must be completed**):

Name: _____ Relationship to Child: _____

Address: _____ Cell Phone: () _____

Name: _____ Relationship to Child: _____

Address: _____ Cell Phone: () _____

In the event of an emergency that requires immediate medical attention for the Student, the Student and the Student's below-named parent or guardian give their consent for school authorities, festival hosts, or designees thereof to use their best judgment in obtaining emergency medical treatment for the Student before the parent or guardian can be reached.

If your child needs to be given medication at any time during the PMEA Fest/Festival, a separate [Medication Administration Record](#) form for each medication to be administered must be completed.

The Student and the Student's parent or guardian agree to release and hold harmless PMEA and its officers, directors, members, and employees from any and all suits, liabilities, claims, demands, actions, expenses, or costs arising out of the administration of, or failure to administer, first aid or emergency treatment to the Student while the Student participates in a PMEA activity.

The Student and the Student's parent or guardian agree that, if at any time the information on this form or the Student Medical Information Form must be changed, a new form must be completed and submitted to the student's music director.

Signature of parent or guardian (required)

Date

***This medical form will be provided to those with a need to know (festival host, nurse, student's director, etc). Please initial below:**

_____ Parent/Guardian acknowledgement

_____ Student acknowledgement

Should any information change throughout the initial PMEA application process, a new form must be secured, completed and given to the PMEA Member Director.