

PENNSYLVANIA MUSIC EDUCATORS ASSOCIATION
STUDENT MEDICAL INFORMATION

Student Name _____ Sex _____ Age _____ Birth Date _____ Grade _____

School Name _____ Band Director's Name _____

Student's Home Address _____

Student's Phone Number _____

Father's Full Name _____

Work Phone _____ Hours _____

Mother's Full Name _____

Work Phone _____ Hours _____

Step-Parent or Guardian 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 number _____

List any ailments of which the school nurse or medical personnel should be made aware of (i.e. epilepsy, heart
condition, diabetes, etc.) _____

Date of last tetanus shot _____

Name of health insurance _____

Name of Guarantor _____

(name of person having the insurance coverage)

Name of Employer (if group insurance) _____

FIRST AID/EMERGENCY AUTHORIZATION

If the school of festival host cannot get in touch with either parents/guardians, 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 judgment 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 the final disposition in 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 and/or festival host director in writing.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

PERMISSION TO PARTICIPATE

I grant permission for my son/daughter to participate in the 2010 PMEA District 3 Song Fest. I understand that he/she must be present for the entire festival. I will not hold PMEA or its members responsible for any unforeseen accident, illness, or loss of property occurring during, or in transit to/from the Festival. I also permit my child to be filmed during the concert for distribution of a professional videotape.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

*Directors: This form must be signed in BOTH places and submitted with your applications or the student may NOT attend.