

**PENNSYLVANIA MUSIC EDUCATORS ASSOCIATION  
STUDENT MEDICAL INFORMATION**

Student Name \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

School Name \_\_\_\_\_ Choral 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: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of Guarantor: \_\_\_\_\_

(Name of person having the insurance coverage)

Name of Employer: (If group insurance) \_\_\_\_\_

Address \_\_\_\_\_

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

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

**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

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**PERMISSION TO PARTICIPATE**

I grant permission for my son/daughter to participate in the 2011 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.*