DAUPHIN COUNTY 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:** _____

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 maintanence 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 (maintanence (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.*Medicine must be brought in its original packaging and placed in a ziploc baggie..*

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

If yes, please notify the festival host for an alternate meal option or plan to pack your own lunch.

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 DCMEA 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 child should they need medical attention during the event.**

OVER

DAUPHIN COUNTY MUSIC EDUCATORS'ASSOCIATION
FIRST AID/EMERGENCY TREATMENT AUTHORIZATION

In case of an emergency, if the school or 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 Rehearsals or Festival, a separate Medication Administration Record form for each medication to be administered must be completed. **All medication MUST be in the original packaging (i.e. bottle including prescription label with the student name, RX number, dosage, licensed prescriber and date issue). Additionally, a completed Medical Administration Form must be provided for EACH medication including "over the counter medications" such as Ibuprofen, Antacids, etc. (must be in the original container/box as when purchased) and signed by the licensed prescriber. Each medication and the accompanying Medication Administration Form must be placed in a Ziploc baggie with the student's full name marked in Sharpie.

***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

The Student and the Student's parent or guardian agree to release and hold harmless DCMEA 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

Should any information change before the festival date, a new form must be secured, completed and given to the student's Director and to the festival Host.