

## DCMEA Student Registration and Medical Information form

Student Name: \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_  
Date of birth \_\_\_\_\_ Grade \_\_\_\_\_  
Instrument/Voice Part \_\_\_\_\_ Ensemble \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Street \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Director's Name \_\_\_\_\_ School \_\_\_\_\_  
School District \_\_\_\_\_  
Father's Full Name \_\_\_\_\_  
Work phone \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Mother's Full Name \_\_\_\_\_  
Work phone \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Guardian's Full Name \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

I give my child permission to participate in the DCMEA Middle School Chorus Festival, hosted by the Susquehanna Township School District and The Forum in Harrisburg on the following dates:

### Rehearsals

- **Elementary Rehearsal** - Thursday, March 28th 2019 - 6:30 PM to 8:00 PM @ Susquehanna Twp. Middle School. (801 Wood St, Harrisburg, PA 17109)
- **Middle School Rehearsal** - Friday, March 29, 2019 – 8:30 AM to 1:45 PM @ Susquehanna Twp. Middle School (801 Wood St, Harrisburg, PA 17109)
- **Senior High Rehearsals**
  - Thursday, March 28, 2019 - 6:30 PM to 8:00 PM @ Susquehanna Twp. High School (3500 Elmerton Ave., Harrisburg, PA)
  - Friday, March 29, 2019 - 8:30 AM to 2:00 PM @ Susquehanna Twp. High School (3500 Elmerton Ave., Harrisburg, PA)

### Festival Day

- **Saturday March 30, 2019 @ The Forum (Harrisburg) and local churches for rehearsal**
- **Rehearsal begins at 8:30 AM - Schedule TBA**
- **Concert at 2:30 PM**

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

(over, please)

## Medical Information

Is the student currently under medical treatment?            YES            NO

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  
(Physician written order must accompany all prescription medication).

\_\_\_\_\_  
List any ailments of which the school nurse or medical personnel should be made aware (allergies, diabetes, heart condition, etc.)

\_\_\_\_\_  
Date of last tetanus shot: \_\_\_\_\_

Name of health insurance: \_\_\_\_\_

Name of Guarantor \_\_\_\_\_ Agreement # \_\_\_\_\_

Name of Employer (if group insurance) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Group# \_\_\_\_\_

### Emergency Contacts (Who should be contacted if guardian cannot be reached?)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ 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 a 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 in the final disposition of 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/or festival host director in writing. It is understood and agreed that the child and his/her parent/guardian shall hold harmless Dauphin County Music Educators Association, the host school district, and any registered nurse employed by DCMEA, from any and all lawsuits, claims, demands, expenses or costs arising out of the administration of or failure to administer first aid or emergency treatment to the child while in attendance at a DCMEA-sponsored musical program or festival, including practice sessions.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

The host school nurse has my permission to administer to my son/daughter (circle as allowed):

Tylenol    Ibuprofen (Advil)            Visine            Cepacol (lozenge)            Bacitracin ointment

Other (be specific, must be provided by parent) \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_