

**STUDENT
MEDICAL
FORM**



Student Name _____ Date _____

Sex _____ Age _____ Date of birth _____ Grade _____

Home Address: _____

Street

City

State

Zip Code

Area Code/Phone Number

Director's Name _____ School _____

Father's Full Name _____

Day Phone _____ Evening Phone _____

Mother's Full Name _____

Day Phone _____ Evening Phone _____

Stepparent/Guardian's Full Name _____

Day Phone _____ Evening Phone _____

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:

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:

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

Is your child allergic to: _____ Pets _____ Cigarette/Pipe Smoke
_____ Food (list specific foods) _____

Date of last tetanus shot: _____

Name of health insurance: _____

Address/Phone _____

Name of Guarantor _____ Agreement # _____

Name of Employer (if group insurance) _____

Address _____

Phone _____ Group# _____

Please continue on reverse side.

FIRST AID/EMERGENCY TREATMENT AUTHORIZATION
Westmoreland County Music Educators Association

If the school or festival host cannot contact either parent/guardian, 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 OR TEACHER TO DO** in case your child is sick or injured?

If **EMERGENCY TREATMENT** is required, may the school authorities, festival host, or designee use their own judgment in sending your 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 the Westmoreland County Music Educators Association, the host school district, and any registered nurse employed by WCMEA, 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 WCMEA sponsored musical program or festival, including practice sessions.

Signature of parent or guardian

Date

The school nurse **cannot** administer any medication (including over the counter medication such as Tylenol, Ibuprofen, etc.) unless your doctor fills out a separate document for EACH medication you would like to have on hand for your child. The form is attached. You may make copies as needed.

Do you grant permission to have this medical form provided to the nurse on call? Yes No

PARENT/GUARDIAN SIGNATURE

STUDENT SIGNATURE

MEDICATION ADMINISTRATION RECORD

Student: _____ DOB: ____/____/____

Licensed Prescriber Name/Phone/Address: _____

Licensed Prescriber Signature: _____

Medication/Dose/Route/Time(s) to Administer:

I give permission for WCMEA Festival Nurse to give the above medication to my student.

Date/Time Medication	____/____	____/____

Initials:

Name:

Code: (W- medication withheld)

YOU CAN ONLY RECORD ONE MEDICATION ON THIS FORM. YOU MUST FILL OUT A FORM FOR EACH MEDICATION REQUIRED AT THE FESTIVAL-INCLUDING OVER THE COUNTER MEDICATION.