



PENNSYLVANIA 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

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street

City, State, Zip: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Director's Name: \_\_\_\_\_ School Name: \_\_\_\_\_

Cell Phone #: ( ) \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Work Phone #: ( ) \_\_\_\_\_ Cell Phone #: ( ) \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Work Phone #: ( ) \_\_\_\_\_ Cell Phone #: ( ) \_\_\_\_\_

Stepparent/Guardian's Full Name: \_\_\_\_\_

Work Phone #: ( ) \_\_\_\_\_ Cell 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 medications? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, will the student require medications during the festival? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, a separate medication administration form will need to be completed for each medication, including parent/guardian permission and licensed prescriber signature (see attached).

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 in case of an emergency? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please specify: \_\_\_\_\_

If the student has special dietary needs, please complete the online Student Dietary Needs Form (https://pmea.wufoo.com/forms/pmea-student-dietary-needs-form-1617/)

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

Name of Health Insurance: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Group #: \_\_\_\_\_

**PENNSYLVANIA MUSIC EDUCATORS ASSOCIATION  
FIRST AID/EMERGENCY TREATMENT AUTHORIZATION**

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If the school or fest/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:** \_\_\_\_\_ **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 during the PMEA Fest/Festival, a separate Medication Administration Record form for each medication to be administered must be completed.**

The Student and the Student's parent or guardian agree to release and hold harmless PMEA 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, they will notify the Student's music director or festival host director in writing.

\_\_\_\_\_  
Signature of parent or guardian (required)

\_\_\_\_\_  
Date

**This medical form will be provided to the host family and/or nurse on call.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

**Should any information change throughout the initial PMEA application process, a new form must be secured online, updated and given to the PMEA Member Director.**