

STUDENT MEDICAL INFORMATION FORM

STUDENT NAME: _____ DATE: _____

SEX: _____ AGE: _____ DATE OF BIRTH: _____ GRADE: _____

HOME ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

PARENT EMAIL ADDRESSES: _____

FATHER NAME: _____

HOME PHONE: _____ CELL PHONE: _____

MOTHER NAME: _____

HOME PHONE: _____ CELL PHONE: _____

GUARDIAN NAME: _____

HOME PHONE: _____ CELL PHONE: _____

IS THE STUDENT CURRENTLY UNDER MEDICAL TREATMENT? YES NO

IF YES, GIVE THE NATURE OF THE TREATMENT AND DOCTOR'S NAME AND PHONE NUMBER:

IS THE STUDENT CURRENTLY TAKING ANY MEDICATIONS? YES NO

IF YES, WILL THE STUDENT REQUIRE ANY MEDICATION DURING EVENTS? YES NO

LIST ANY SPECIAL HEALTH NEEDS OF WHICH THE DIRECTORS OR MEDICAL PERSONNEL SHOULD BE MADE AWARE:

DOES YOUR CHILD HAVE ANY ALLERGIES? YES NO

PLEASE LIST: _____

DOES YOUR CHILD HAVE ANY FOOD ALLERGIES? YES NO

PLEASE LIST: _____

IF YES TO ANY ALLERGIES, HAVE ANY OF THESE ALLERGIES CAUSED AN ANAPHYLACTIC REACTION? YES NO

FIRST AID/EMERGENCY TREATMENT AUTHORIZATION

IF THE SCHOOL CANNOT CONTACT EITHER PARENT/GUARDIAN, PLEASE LIST TWO RELATIVES OR OTHERS WHO WOULD HAVE THE AUTHORITY TO ADVISE US REGARDING YOUR CHILD:

NAME: _____ RELATIONSHIP TO CHILD: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

NAME: _____ RELATIONSHIP TO CHILD: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

IF **EMERGENCY TREATMENT** IS REQUIRED, SCHOOL AUTHORITIES OR DESIGNEE WILL USE THEIR OWN JUDGEMENT IN SENDING THE CHILD TO A HOSPITAL OR DOCTOR MOST EASILY ACCESSIBLE BEFORE THE PARENT/GUARDIAN CAN BE REACHED.

NAME OF PREFERRED HOSPITAL: _____

NAME OF PREFERRED DOCTOR: _____

IT IS UNDERSTOOD THAT IN THE FINAL DISPOSITION OF AN EMERGENCY CASE, THE JUDGEMENT 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 STUDENT MEDICAL INFORMATION MUST BE CHANGED, I WILL NOTIFY THE MUSIC DIRECTOR IN WRITING. IT IS UNDERSTOOD AND AGREED THAT THE CHILD AND THEIR PARENT/GUARDIAN SHALL HOLD HARMLESS THE ARMSTRONG SCHOOL DISTRICT, 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 SCHOOL-SPONSORED MUSICAL ACTIVITY, TRIP, FESTIVAL, OR PRACTICE.

DATE: _____

STUDENT NAME: _____

STUDENT SIGNATURE: _____

PARENT/GUARDIAN PRINTED NAME: _____

PARENT GUARDIAN SIGNATURE: _____