



Elementary Music Festivals Archdiocese of Philadelphia

STUDENT MEDICAL INFORMATION FORM

Music group: Honor Band Festival Band 4,5, 6 Chorus 7&8 Chorus
 String Orcheatra Jazz Band

Student Name (print) _____

Gender _____ Date of Birth _____
Age _____ Grade _____ School _____

Home Address _____
Street _____
City/Town _____ Zip _____

Home Phone (____) _____ Cell (____) _____

Father's Name _____ Work Phone # (____) _____
Mother's Name _____ Work Phone # (____) _____

**In case of an emergency, please call (person) _____
at (phone number) (____) _____**

Is the student currently under medical treatment? _____
If yes, please provide the nature of the treatment and the doctor's name and phone number. _____

Is the student currently taking any medication? _____
If yes, please provide the nature of the medication, reason, and doctor's name and phone number. _____

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

Name of health insurance provider _____ Policy # _____

If emergency treatment is required, may the school authorities, festival host, or designee use his own judgment in sending your child to a hospital, doctor most easily accessible before the parent/guardian can be reached? _____

If no, name preferred hospital _____

Doctor _____ Phone (____) _____

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, the parent will notify the child's music director, school, and festival host in writing.

Parent/Guardian Signature _____ Date _____
Student Signature _____ Date _____