

**DHS MUSIC**  
**STUDENT MEDICAL INFORMATION FORM**

Circle one: EAST HS   WEST HS

STUDENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

SEX \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

STREET \_\_\_\_\_

CITY,STATE,ZIP CODE \_\_\_\_\_

AREA CODE/PHONE NUMBER \_\_\_\_\_

FATHER'S FULL NAME \_\_\_\_\_

WORK PHONE \_\_\_\_\_ HOURS \_\_\_\_\_

MOTHERS FULL NAME \_\_\_\_\_

WORK PHONE \_\_\_\_\_ HOURS \_\_\_\_\_

STEPPARENT/GUARDIAN'S FULL NAME \_\_\_\_\_

WORK PHONE \_\_\_\_\_ HOURS \_\_\_\_\_

**IS THE STUDENT CURRENTLY UNDER MEDICAL TREATMENT? YES NO**  
**IF YES, GIVE THE NATURE OF THE TREATMENT AND THE DOCTOR'S**  
**NAME AND PHONE.**

\_\_\_\_\_

**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 OF (EXAMPLE: ALLERGIES,**  
**DIABETES, HEART CONDITION, ETC.):**

\_\_\_\_\_

DATE OF LAST TETANUS SHOT: \_\_\_\_\_

NAME OF HEALTH INSURANCE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME OF GUARANTOR \_\_\_\_\_ AGREEMENT # \_\_\_\_\_

NAME OF EMPLOYER (IF GROUP INS) \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ GROUP # \_\_\_\_\_

**(please complete both sides)**

# PARENT CONSENT FORM

BAND

INDOOR

CHOIR

ORCHESTRA

CIRCLE ONE

## FIRST AID/EMERGENCY TREATMENT AUTHORIZATION

If the school authorities 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 school personnel are unable to contact you or any of the people listed as emergency contacts, they may make whatever arrangements are necessary in an emergency at no expense to the school district.**

**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 in writing.**

**X** \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE

**The nurse has my permission to dispense the following to my son or daughter:**

	Yes	No
<b>Acetaminophen / Tylenol</b>		
<b>Ibuprophen / Advil</b>		
<b>Benedryl</b>		
<b>Maalox / Mylanta</b>		
<b>Dramamine</b>		

**Other ( be specific )** \_\_\_\_\_

**X** \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE