

# STUDENT MEDICAL INFORMATION 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 \_\_\_\_\_

Work Phone \_\_\_\_\_ Hours \_\_\_\_\_

Mother's 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 number:

Is the student currently taking any medications? YES NO

If yes, please list \_\_\_\_\_

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 your child allergic? YES NO If yes, please list all allergies: \_\_\_\_\_

If yes, have any of these allergies caused an anaphylactic reaction? YES NO

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

Name of health insurance: \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

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

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

Address \_\_\_\_\_ Phone \_\_\_\_\_ Group# \_\_\_\_\_

OVER

**FIRST AID/EMERGENCY TREATMENT  
AUTHORIZATION**

If the school 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 EMERGENCY TREATMENT is required, school authorities, festival host, or designee will use their own judgment 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 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. It is understood and agreed that the child and his/her parent/guardian shall hold harmless the Baldwin-Whitehall School District, its employees and representatives, the Baldwin Highlander Music Patrons, and its volunteers and representatives, 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 district sponsored events, including rehearsal sessions.

In signing below, I acknowledge that my child's medical information may be shared, on a need-to-know basis, with BWS D staff, volunteers and chaperones.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date