

**STUDENT MEDICAL INFORMATION FORM  
EAST ALLEGHENY HIGH SCHOOL BAND  
2010-2011**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Home Address: (Street) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Work Number: (\_\_\_\_) \_\_\_\_\_ Cell Number: (\_\_\_\_) \_\_\_\_\_

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

Work Number: (\_\_\_\_) \_\_\_\_\_ Cell Number: (\_\_\_\_) \_\_\_\_\_

If necessary, may we administer Tylenol? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your child currently under medical treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give the nature of the treatment, and the doctor's name and phone number.

\_\_\_\_\_  
\_\_\_\_\_

Is your child currently taking any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the name(s) of the medication(s) and the prescribed dosage(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last Tetanus shot: Month \_\_\_\_\_ Yes \_\_\_\_\_

List any medical conditions that the nurse or medical staff should be made aware. (i.e., allergies, asthmas, diabetes, heart condition, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Health Insurance Coverage: \_\_\_\_\_

Name of Insured Person(s): \_\_\_\_\_

Agreement Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Secondary Health Insurance Coverage: \_\_\_\_\_

Name of Insured Person (s): \_\_\_\_\_

Agreement Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

If we are unable to contact either parent/guardian, please list a relative or friend who would have the authority to advise regarding medical treatment of your child.

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

If emergency treatment is required based on the recommendation of medical personnel, may we send the child to a hospital or doctor most easily accessible even if before the parent, guardian can be reached? YES \_\_\_\_ NO \_\_\_\_

If **No**, what action would you recommend we take? \_\_\_\_\_

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***(It is understood that in the final disposition of an emergency case, the judgment of trained medical personnel shall be followed by the nurse, band director, or band staff member. The recommendation of the parent/guardian, as indicated above, will be respected as much as possible.)***

The above shall be in effect for all trips that shall occur during the 2010-2011 school year both in and out of the state of PA.

It is understood that all information that has been provided on this medical form is factual, complete, and accurate.

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

\_\_\_\_\_  
Date

