

**PERKIOMEN VALLEY HIGH SCHOOL MUSIC DEPARTMENT  
MEDICAL/INFORMATION FORM**

**Student Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Email** \_\_\_\_\_

**Student Cell Phone** \_\_\_\_\_

**Sex** \_\_\_\_\_ **Age** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Home Address** \_\_\_\_\_

Street

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Home Phone

**Father's Full Name** \_\_\_\_\_

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

**Father's email** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Mother's Full Name** \_\_\_\_\_

**Mother's Work Phone** \_\_\_\_\_ **Hours** \_\_\_\_\_

**Mother's email** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Step-Parent/Guardian Full Name** \_\_\_\_\_

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

**Step-Parent/Guardian email** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**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 MEDICATION?** YES NO  
If yes, give the name of the medication, reason for use, doctor's name and phone number.

**LIST ANY AILMENTS OF WHICH MEDICAL PROFESSIONALS SHOULD BE MADE AWARE. (i.e.: Allergies, Heart Condition, Diabetes, etc.)**

**Date of last Tetanus Shot:** \_\_\_\_\_

**Name of Health Insurance** \_\_\_\_\_  
**Address and Phone** \_\_\_\_\_

**Name of Employer (If Group Insurance)** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Group #** \_\_\_\_\_

# FIRST AID/EMERGENCY TREATMENT AUTHORIZATION

If the school cannot contact either parent/guardian, please list two relatives or friends who should have the authority to advise us regarding your child.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

If none of the above can be reached by phone, what do you wish the school to do in case the child is sick or injured?

\_\_\_\_\_

If EMERGENCY TREAT is required, may the school authorities or designee use their own judgment in sending the child to a hospital or doctor most easily accessible before the parent/guardian can be reached?                      YES                      NO

If NO, name preferred hospital \_\_\_\_\_

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 the music director in writing.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date