

APPENDIX B

Medical Form (for use at Acceptance Auditions)

(Form Reviewed/Approved by Pennsylvania Hospital Association)

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 _____

Step-parent/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", 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 (example: allergies, heart condition, etc.):

Date of last tetanus shot: _____

Name of health insurance: _____

Address

Phone

Name of guarantor _____ Agreement # _____

Name of employer (if group insurance) _____

Address

Phone

Group #

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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 none of the above can be reached by phone, WHAT DO YOU WISH THE SCHOOL TO DO in case your child is sick or injured?

If EMERGENCY TREATMENT is required, may the school authorities 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 or 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**.

Signature

Date

APPENDIX C