

**AMERICAN CHORAL DIRECTORS ASSOCIATION OF PENNSYLVANIA (ACDA-PA)
STUDENT MEDICAL INFORMATION FORM**

****COMPLETE ALL SECTIONS or the form will not be accepted**

***All information must be printed/typed, except signatures**

Date:

Student Name:

Sex: Age:

Date of Birth: Grade:

Home Address:

Street

City, State, Zip:

Cell Phone #:

Director Name: School Name:

Director Cell Phone #: ()

Parent/Guardian #1's Full Name:

Work Phone #: () Cell Phone #: ()

Parent/Guardian #2's Full Name:

Work Phone #: () 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 medications? YES NO

If yes, will the student require medications during the festival? YES NO

If yes, a separate medication administration form will need to be completed for each medication, including parent/guardian permission and licensed prescriber signature (see attached).

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 the student allergic? YES NO

If yes, please list all allergies:

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

If yes, does the student carry an epi-pen? (Must include on Medication Admin. Record): YES NO

Does the student have any physical condition(s) which we ought to know about in case of an emergency?

YES NO

If yes, please specify:

If the student has ANY food allergies, special diet (vegan, gluten-free, kosher, no nuts, etc.), an online Student Dietary Needs Form MUST BE COMPLETED in order to guarantee proper accomodations at the festival.

Date of last tetanus shot:

Name of Health Insurance:

Address:

Phone #: ()

Name of Guarantor:

Agreement #:

Employer Name (if group insurance):

Address:

Phone #: ()

Group #:

FIRST AID/EMERGENCY TREATMENT AUTHORIZATION

If the school or fest/festival host cannot contact either parent/guardian, please list two relatives (DO NOT USE FAMILY MEMBERS LISTED ON PAGE 1 OF THIS FORM) or friends who would have the authority to advise us regarding your child:

Name:

Relationship to Child:

Address:

Cell Phone: ()

Name:

Relationship to Child:

Address:

Cell Phone: ()

In the event of an emergency that requires immediate medical attention for the Student, the Student and the Student's below named parent or guardian give their consent for school authorities, festival hosts, or designees thereof to use their best judgment in obtaining emergency medical treatment for the Student before the parent or guardian can be reached.

If your child needs to be given medication at any time during the ACDA-PA Fest/Festival, a separate Medication Administration Record form for each medication to be administered must be completed.

The Student and the Student's parent or guardian agree to release and hold harmless ACDA-PA and its officers, directors, members, and employees from any and all suits, liabilities, claims, demands, actions, expenses, or costs arising out of the administration of, or failure to administer, first aid or emergency treatment to the Student while the Student participates in an ACDA-PA activity.

The Student and the Student's parent or guardian agree that, if at any time the information on this form or the Student Medical Information Form must be changed, they will notify the Student's music director or festival host director in writing.

Signature of parent or guardian (required)

Date

***This medical form will be provided to those with a need to know (festival host, nurse, student's director, etc). Please initial below:**

_____ Parent/Guardian acknowledgement

_____ Student acknowledgement

Should any information change throughout the initial ACDA application process, a new form must be secured online, updated and given to the ACDA Member Director.