

NEW HAMPSHIRE MUSIC EDUCATORS' ASSOCIATION

A Division of MENC – National Association for Music Education

– MEDICAL FORM –

PLEASE PRINT

Last Name: _____ First Name: _____

DOB: _____ Age: ____ Grd: ____ Sex: ____ Performing Group: _____

Custodial Parent/Guardian: _____ Home Tel: _____

Mother's cell phone: _____ Mother's work phone: _____

Father's cell phone: _____ Father's work phone: _____

Home Address: _____ Mailing Address: _____

School _____ Director's Name _____

OTHER THAN ABOVE, IN CASE OF EMERGENCY, PLEASE NOTIFY

Name: _____ Relationship: _____

Home Address: _____ Tel: _____ Cell phone: _____

Business Address: _____ Tel: _____ Cell phone: _____

Family Physician: _____ Tel: _____

HEALTH HISTORY

Heart Trouble (explain): _____

Blackouts/Convulsions (explain): _____

Diabetes (Detail of treatment & control): _____

Asthma or Bronchitis: _____

Uses inhaler: _____ Patient has inhaler: _____

Date of last tetanus immunization: _____

ALLERGIES

Bee Sting: _____ Penicillin: _____ Food: _____ Environmental: _____

Type of Reaction and Severity: _____

Other (explain): _____

Are there any conditions/illnesses for which this student is currently receiving treatment or medication?

Yes: ____ No: ____ Explain: _____

Please describe and list medications: _____

Does the student have the medication in his/her possession? Yes: ____ No: ____

Please see reverse side for a list of over-the-counter medications.

IN CASE OF A MEDICAL EMERGENCY, I HEREBY AUTHORIZE ANY LICENSED PHYSICIAN, HOSPITAL, CLINIC OR OTHER MEDICAL FACILITY TO HOSPITALIZE AND SECURE PROPER TREATMENT FOR MY CHILD NAMED ABOVE.

Health Insurance Company: _____ Policy No: _____

Signature Parent/Guardian

Date

NO STUDENT WILL BE ALLOWED TO PARTICIPATE WITHOUT THIS FORM PROPERLY COMPLETED AND RETURNED.

Permission For Dispensing of Over-the-Counter Medications

Please initial beside the medications that may be given to your child
by the NHMEA Nurse on site:

- _____ Acetaminophen (Tylenol)
- _____ Anbesol (for toothaches)
- _____ Antacid (such as Tums)
- _____ Neosporin ointment/triple antibiotic ointment (for cuts)
- _____ Benadryl (for allergic reactions)
- _____ Calamine lotion (for poison ivy)
- _____ Cough drops
- _____ Hydrocortisone cream (for rashes)
- _____ Ibuprofen (Advil, Motrin)
- _____ Immodium (for diarrhea)
- _____ Mylanta tablets (for upset stomach)
- _____ Sudafed (for nasal congestion)
- _____ **I do not want my child to receive ANY over the
counter medications during the Festival.**

Signature Parent / Guardian

Date