

**STUDENT MEDICAL INFORMATION FORM**  
**ALLE-KISKI VALLEY BAND DIRECTORS 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 \_\_\_\_\_

Stepparent/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, 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 your child allergic? YES NO If yes, please list all allergies: \_\_\_\_\_

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

**If your child has special dietary needs, please complete a Student Special Dietary Needs Request and return it with this form.**

Date of last tetanus shot: \_\_\_\_\_

Name of health insurance: \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Guarantor \_\_\_\_\_ Agreement # \_\_\_\_\_

Name of Employer (if group insurance) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Group# \_\_\_\_\_

OVER

**FIRST AID/EMERGENCY TREATMENT AUTHORIZATION**  
**ALLE-KISKI VALLEY BAND DIRECTORS ASSOCIATION**

If the school or festival host 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 EMERGENCY TREATMENT is required, school authorities, festival host, or designee will use their own judgment in sending the child to a hospital or doctor most easily accessible before the parent/guardian can be reached.

Name of preferred hospital \_\_\_\_\_  
Name of preferred doctor \_\_\_\_\_

**If your child needs to be given medication during school hours, a separate Medication Administration Record form for each medication to be administered must be completed.**

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 my child's music director/or festival host director in writing. It is understood and agreed that the child and his/her parent/guardian shall hold harmless the Alle-Kiski Valley Band Directors Association, the host school district, and any registered nurse employed by AKV, from any and all lawsuits, claims, demands, expenses or costs arising out of the administration of or failure to administer first aid or emergency treatment to the child while in attendance at an AKV-sponsored musical program or festival, including practice sessions.

\_\_\_\_\_  
Signature of parent or guardian (required)                      Date

This medical form will be provided to the host family and/or nurse on call.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
STUDENT SIGNATURE

**Should any information change prior to, or during participation in an AKV festival, a new form must be secured online, updated and given to the AKV Host Director.**