



# Student Medical Form

March 4-6, 2010 • Indianapolis, Indiana



## 2010 MUSIC FOR ALL NATIONAL FESTIVAL

### Student Information-Please print

Student \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_

Ensemble \_\_\_\_\_

Instrument \_\_\_\_\_

### Emergency Contact Information

If a parent is not available, in an emergency, contact:

Emergency Contact \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

### Parent Contact Information

Parent/Guardian \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (Area Code) \_\_\_\_\_ Work Phone (Area Code) \_\_\_\_\_

Cell Phone (Area Code) \_\_\_\_\_

Parente Email address (can include more than one) \_\_\_\_\_

Second Parent/Guardian \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (Area Code) \_\_\_\_\_ Work Phone (Area Code) \_\_\_\_\_

Cell Phone (Area Code) \_\_\_\_\_

Parente Email address (can include more than one) \_\_\_\_\_

### Medical Information

Last Tetanus/Diphtheria immunization date \_\_\_\_\_  
MM / DD / YYYY

Medications – type, dose, and frequency (list)  
\_\_\_\_\_  
\_\_\_\_\_

Allergies – include allergies to medications, foods, sting, other substances (list)  
\_\_\_\_\_  
\_\_\_\_\_

Physical, medical or other restrictions that would limit activities  
\_\_\_\_\_  
\_\_\_\_\_

**INSURANCE CARRIER** (If you do not currently have insurance please indicate that here)

Policy # \_\_\_\_\_ Group/Plan # \_\_\_\_\_

Family Physician \_\_\_\_\_ Physician Phone (Area Code) \_\_\_\_\_

**COPY OF THE FRONT AND BACK OF YOUR INSURANCE POLICY CARD ATTACHED**

**MEDICAL HISTORY:**

- Convulsions
- Bleeding disorder
- Chicken Pox
- Diabetes
- Asthma
- Measles
- Heart defect/murmur
- Surgery (past 2 years)
- Mumps

Brief descriptions and dates of items checked  
\_\_\_\_\_  
\_\_\_\_\_

### Parent/Guardian Signature

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relation to Student \_\_\_\_\_

Signature of Health Insurance policyholder \_\_\_\_\_

Please return completed form to Music for All staff at Check-in