

# DOVER MUSIC DEPARTMENT MEDICAL INFORMATION FORM 2023-24

## STUDENT INFORMATION

T-Shirt Size: \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_  
(last) (first) (middle)  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Student Cell Phone \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_

## PARENT INFORMATION *(please provide address if different from above)*

Mother/Legal Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work (or) Cell Phone \_\_\_\_\_  
Father/Legal Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work (or) Cell Phone \_\_\_\_\_

### If unable to contact parent/guardian, please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work (or) Cell Phone \_\_\_\_\_

## HEALTH INFORMATION

Family physician \_\_\_\_\_ Office Phone \_\_\_\_\_

### Student has a history of: *(please check if applicable)*

\_\_\_\_\_ Diabetes      \_\_\_\_\_ Asthma Attacks      \_\_\_\_\_ Frequent Fainting      \_\_\_\_\_ Epilepsy  
\_\_\_\_\_ Cardiac Condition      \_\_\_\_\_ High Blood Pressure      \_\_\_\_\_ Orthopedic Problems      \_\_\_\_\_ Seizures  
\_\_\_\_\_ Other *(please explain)*

### Student is allergic to: *(please check if applicable)*

\_\_\_\_\_ Insect Stings      \_\_\_\_\_ Penicillin      \_\_\_\_\_ Sulfa      \_\_\_\_\_ Aspirin  
\_\_\_\_\_ Tetracycline      \_\_\_\_\_ Other *(please list)*

Date of last Tetanus Shot:    Month \_\_\_\_\_    Year \_\_\_\_\_

Any daily medication needed?    Yes: \_\_\_\_\_    No: \_\_\_\_\_    List: \_\_\_\_\_

Would you prefer your child have \_\_\_\_\_ Tylenol    \_\_\_\_\_ Advil    \_\_\_\_\_ Aspirin    \_\_\_\_\_ Aleve

*"I feel that my child's physical health is such that they may participate in all music department activities."*

Parent/Guardian Signature: \_\_\_\_\_ (←sign here for the **above** statement)  
(This signature approves this Emergency Medical Form.)

*"In the event that emergency medical care is needed while my child is participating in a music activity, I hereby give my consent for the administration of any treatment to provide emergency care for my child by a physician of the local hospital."* (Parents will be contacted by phone by either one of the directing staff or a chaperone.)

Parent/Guardian Signature: \_\_\_\_\_ (←sign here for the **above** statement)

*"While on a music trip, I give my permission for my child to have acetaminophen, ibuprofen, naproxen sodium (Aleve) or other non-aspirin analgesic if needed for headache or other pain, as well as any antacids or motion sickness medicines on an as-needed basis."* **Cross out any OTC medicines not approved!**

Parent/Guardian Signature: \_\_\_\_\_ (←sign here for the **above** statement)

All information will remain confidential except to the nurse, music directors, chaperones, and a medical facility if needed.