

DMEA ALL-STATE STUDENT MEDICAL INFORMATION

Please complete and return this form to your All-State Ensemble Chair at the first rehearsal. Information is strictly confidential to be used only in case of emergency. Complete a separate form for each All-State Ensemble.

Student Name _____ School _____

Parent/Guardian Daytime Phone _____

Additional Emergency Phone _____

Medical Insurer and Account number _____

Primary Care Physician Name and Phone _____

Student's Allergies _____

Known Medical Conditions _____

Any Regular Medications _____

School nurses may only administer medication in the original container, along with the following information:

Name of medication _____ Dosage _____

Time to be taken _____ Additional information _____

Name & Phone of prescribing physician _____

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I give my permission for DMEA to make appropriate contacts with school nurses, doctors, and hospitals on behalf of my child in the event of an emergency.

➡ Parent/Guardian Signature _____

Every effort will be made to contact parents in the event of an emergency.