

**Hollidaysburg Area Senior High Music Department**  
***Medical Information Form - CONFIDENTIAL***

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Cell Phone \_\_\_\_\_ Parent Cell Phone \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Please list any allergies or current medical conditions \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies to medications \_\_\_\_\_

\_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of Health Insurance Provider \_\_\_\_\_

Address \_\_\_\_\_

Policy Number \_\_\_\_\_ Agreement Number \_\_\_\_\_

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If your child becomes ill, please initial the following over-the-counter medications that may be administered by a music director, or a designated medical professional:

\_\_\_\_\_ Tylenol (Acetaminophen)      \_\_\_\_\_ Motrin (Ibuprophen)      \_\_\_\_\_ Benadryl  
\_\_\_\_\_ Immodium/Pepto Bismol      \_\_\_\_\_ Dramamine      \_\_\_\_\_ Cold Medicine

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Every attempt will be made to reach a parent/guardian in the event of an emergency. In the event emergency medical attention is required or advisable before parental contact is made, I authorize any health services personnel to take whatever measures are reasonably necessary for my child's well-being under the circumstances that appear to exist. I have completed this medical information form and agree that the facts as stated are true and may be relied on in any emergency situation.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date