

DWHS MUSIC
STUDENT MEDICAL INFORMATION FORM

STUDENT NAME _____ DATE _____

SEX _____ AGE _____ DATE OF BIRTH _____ GRADE _____

HOME ADDRESS _____

STREET _____

CITY,STATE,ZIP CODE _____

AREA CODE/PHONE NUMBER _____

FATHER'S FULL NAME _____

WORK PHONE _____ HOURS _____

MOTHERS 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.

IS THE STUDENT CURRENTLY TAKING ANY MEDICATION? YES NO
IF YES , GIVE THE NAME OF THE MEDICATION, REASON IT IS GIVEN,
DOCTOR'S NAME AND PHONE NUMBER:

LIST ANY AILMENTS OF WHICH THE SCHOOL NURSE OR MEDICAL
PERSONNEL SHOULD BE MADE AWARE OF (EXAMPLE: ALLERGIES,
DIABETES, HEART CONDITION, ETC.):

DATE OF LAST TETANUS SHOT: _____

NAME OF HEALTH INSURANCE _____

ADDRESS _____ PHONE _____

NAME OF GUARANTOR _____ AGREEMENT # _____

NAME OF EMPLOYER (IF GROUP INS) _____

ADDRESS _____ PHONE _____ GROUP # _____

(please complete both sides)

