



North Allegheny School District  
MEDICAL INFORMATION AND RELEASE FORM

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

FAMILY INFORMATION

Home Phone # \_\_\_\_\_ Parent(s)/Guardian(s) Cell # \_\_\_\_\_

Parent(s)/Guardian(s) Names \_\_\_\_\_

Work Phone #s \_\_\_\_\_

Family Physician \_\_\_\_\_ Office Phone # \_\_\_\_\_

Please list the name and phone number of two parties who may be called if the parent/guardian may not be reached:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

STUDENT MEDICAL INFORMATION

All health concerns of the above named student, past and present, which may limit physical activity, be aggravated or worsened by physical activity, and/or must be known in the treatment of illness or injury must be indicated below. All students' medical information will be kept in strict confidence by the orchestra nurse and school district staff. Please check below if the above named student has or has had any of the following:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Chronic knee problem  | <input type="checkbox"/> Food allergies      | <input type="checkbox"/> Hyperventilation       |
| <input type="checkbox"/> Chronic ankle problem | <input type="checkbox"/> History of epilepsy | <input type="checkbox"/> Asthma                 |
| <input type="checkbox"/> Chronic back problems | <input type="checkbox"/> History of diabetes | <input type="checkbox"/> Heart related problems |
| <input type="checkbox"/> Chronic foot problems | <input type="checkbox"/> GI disorder/problem | <input type="checkbox"/> Drug allergies         |
| <input type="checkbox"/> Chronic cough         | <input type="checkbox"/> Metabolic/thyroid   | <input type="checkbox"/> Bee sting allergy      |
| <input type="checkbox"/> Other                 |  |   |

If any of the above items have been checked, please provide a complete explanation. Attach a separate page if necessary.

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PLEASE LIST ALL MEDICATIONS YOUR CHILD IS CURRENTLY TAKING ON A REGULAR BASIS:

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

When taken (time of day) \_\_\_\_\_ Physician Prescribing \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

When taken (time of day) \_\_\_\_\_ Physician Prescribing \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

When taken (time of day) \_\_\_\_\_ Physician Prescribing \_\_\_\_\_

Date of student's last tetanus shot \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Agreement # \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

\*\*Please attach a copy of both sides of your medical insurance card and a photograph of your child.\*\*

OVER THE COUNTER MEDICATION LIST:

I give permission to the orchestra nurse to provide for my student the following OTC medications and/or treatments to be offered at the nurse's discretion or by my direction:

<input type="checkbox"/> Antihistamine i.e. Benadryl	<input type="checkbox"/> Decongestant i.e. Sudafed	<input type="checkbox"/> Aleve
<input type="checkbox"/> Acetaminophen i.e. Tylenol	<input type="checkbox"/> Ibuprofen i.e. Advil/Motrin	<input type="checkbox"/> Tums
<input type="checkbox"/> Antacid i.e. Pepcid, Tagament	<input type="checkbox"/> Premenstrual tablet i.e. Midol	<input type="checkbox"/> Cough drops
<input type="checkbox"/> No OTC medications are to be given		

I understand that no OTC medications will be offered to my student if I have not given my consent no matter the degree of discomfort.

I/We hereby authorize representatives of North Allegheny School District to act as my/our agent to secure medical emergency treatment for the above-named student. I/We further agree to hold the North Allegheny School District and its representatives harmless for exercising its judgment in authorizing such emergency medical treatment, and said representatives are specifically authorized to sign any required emergency hospital treatment forms on our behalf.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

THE ORCHESTRA DIRECTOR MUST HAVE THIS FORM ON FILE WITH A STUDENT PHOTO AND COPY OF YOUR INSURANCE CARD BEFORE YOUR CHILD LEAVES SCHOOL WITH THE ORCHESTRA OR GOLDEN STROLLING STRINGS.