

STUDENT MEDICAL FORM
SUMMER AND YOUTH PROGRAMS | NON-OVERNIGHT ACTIVITIES

School of Music – University of Illinois at Urbana-Champaign

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Phone: (217) 244-3404 - music-ope@illinois.edu

Neither a physician's signature nor a physical exam is required.

PRINT or TYPE

STUDENT

Student Name: _____ Student Age: _____

Gender: _____ (M or F) Birth Date: _____ Student Cell Phone Number: (_____) _____

EMERGENCY CONTACT - Parent or Guardian Responsible for student:

First Name: _____ Last Name: _____ M. Int. _____

Address: _____ City: _____ State: _____ Zip Code: _____

Relationship to student: _____ Home Phone Number: (_____) _____

Work Phone Number: (_____) _____ Cell Phone Number: (_____) _____

EMERGENCY AUTHORIZATION - In an emergency, if parent/guardian cannot be reached, I authorize Carle Clinic, Carle Hospital, or other health care providers to administer medical care as required:

Signature of Parent or Guardian: _____ Date: _____

ALTERNATE EMERGENCY CONTACT - In an emergency, if parent/guardian cannot be reached

1. Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____ Emergency Cell Phone Number: (_____) _____

2. Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____ Emergency Cell Phone Number: (_____) _____

MEDICATION INFORMATION/STUDENT HEALTHCARE MONITORING

List any existing medical conditions or allergies that staff should be aware of: _____

List any medications student may have with them _____

Does the student carry an Epi-pen? (circle) Yes No

Public Disclosure

Allergies or conditions that should be disclosed to other parents/students in the program: _____

With the exception of information within the Public Disclosure box above, all information is confidential and will only be shared with administration, staff of the specific program(s) that the student is enrolled in, or emergency medical personnel.