

Robert Morris University - RMU Band Recruitment Program  
High School Student Medical Information Form

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PLEASE PRINT ALL INFORMATION CLEARLY

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Home/Permanent Address \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Personal Medical History:**

What, if any, medications are you currently taking: \_\_\_\_\_

\_\_\_\_\_

Do you have any allergies? Yes No If yes, please list allergies: \_\_\_\_\_

\_\_\_\_\_

Are you allergic to any medications? Yes No If yes, please list medications: \_\_\_\_\_

\_\_\_\_\_

List any significant Medical conditions: \_\_\_\_\_

\_\_\_\_\_

**In Case of Emergency Contact Information**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

A student's medical information is considered confidential and will not be released without the written consent from the student. Therefore, by signing this form, the student authorizes the release of this information, whenever necessary, by an authorized representative of Robert Morris University.

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

*If under the age of 18 the parent or guardian must sign below*

Parent or Legal Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_

