BETHLEHEM AREA SCHOOL DISTRICT
Bethlehem, Pennsylvania

2026 – 2027 MEDICAL INFORMATION FORM

To be completed for ALL students

Print clearly

Student name _____
(Last) *(First)* *(Middle Initial)*

Address _____

School/Building Nitschmann Middle School **Grade** _____ **Date of Birth** _____ **Age** _____

Trip Destination Summer Music Camp & performances

Dates of Trip 2026 – 2027 school year

PERSON TO BE NOTIFIED IN AN EMERGENCY

Name _____

Relationship _____

Contact number _____ **Alternate Number** _____

PRIMARY PHYSICIAN INFORMATION

Name _____ **Phone** _____

Address/City/Zip _____

INSURANCE INFORMATION

Company Name _____

Insured ID # _____ **Group #** _____

Primary Subscriber _____ **Prescription Plan** _____

List allergies to food, medication, animals, etc. If NONE, please state:

List any special medical problems. In NONE please state:

I/We understand that Bethlehem Area School District staff, other than a nurse or physician employed by the District, cannot legally administer any medication to this student. I/We authorize this student to attend this Bethlehem Area School District approved trip. I/We understand that all valid releases, authorizations, and insurance information provided previously to the District apply to this trip. I/We authorize any necessary medical treatment to this student while participating in the activities associated with this trip. I/We guarantee reimbursement of all charges incurred if medical treatment (physician, hospital, x-ray, labs, drugs, ambulance, etc.) is necessary.
Parent/Legal Guardian Date Parent/Legal Guardian Date

_____ _____
Parent/Legal Guardian **Date** **Parent/Legal Guardian** **Date**