MEDICAL FORM

Please type or neatly print all information on the form below.

School Code: _____ School Name: _____

STUDENT EMERGENCY MEDICAL INFORMATION

Student's Name _____

Date of Birth _____ Age _____ Grade _____

Circle: Band | Chorus | Jazz | Orchestra

Parent/Guardian's Name _____

Home Address _____ Town _____Zip _____

Home Phone _____ Cell Phone _____ Business Phone _____

In emergency, notify _____ Relationship _____

Home Phone _____ Cell Phone _____ Business Phone _____

Medical Insurance Company _____ Policy Number _____

Is student taking medication? _____ What? _____ Dosage _____

Allergies? _____

Please Specify_____

Any Illness? _____ Please Specify _____

I (parent/guardian name of the above named child)_____, submit the above emergency medical information and give my permission for my child to participate in this festival under the conditions described above and the rules and expectations outlined in the CD-MMEA Handbook. I hereby acknowledge that the performance of my child identified above may be photographed, reproduced, and/or recorded on compact disc, DVD, and/or other similar devices and may be displayed and/or heard in CD-MMEA and MMEA publications and/or on the CD-MMEA and MMEA Website without remuneration.

I acknowledge and understand that my child's participation in the CD-MMEA Festival, including auditions, rehearsals, concerts and all related events, is voluntary and I agree, for myself and on behalf of my child, that I will hold CD-MMEA, MMEA and its officers and employees harmless on account of any injuries or property damage that my child may incur as a result of participation in the Festival, except to the extent caused by the gross negligence or willful misconduct of CD-MMEA, MMEA or its officers or employees.

THIS FORM MUST BE SIGNED AND PRESENTED AT THE REGISTRATION DESK AT THE FIRST REHEARSAL.

Parent/Guardian Signature _____ Date _____