

To be completed following notification of acceptance

CMEA ELEMENTARY HONORS ENSEMBLE

STUDENT HEALTH HISTORY

The Connecticut Music Educators Association believes that the opportunity to participate in any Music Festival is a valuable musical and educational experience. For an event of this type, it is necessary for CMEA to have emergency contact numbers and medical information for each participant. We sincerely hope that this information will never be used; however, in case of an emergency it will be readily available. This information will be kept confidential. Upon the completion of the Festival, this form will be destroyed. PLEASE PRINT CLEARLY!

(Choose one) This student is in the Elementary Honors ____ Band ____ Orchestra ____ Choir

Student's full name _____ M ____ F ____

School _____ Grade _____ Date _____

Date of Birth _____

Present Address _____

Parent/Legal Guardian _____ Phone _____

Business Phone: Father _____ Mother _____

Relative or other Responsible Party _____ Phone _____

HEALTH HISTORY. Please complete & sign the following:

HEALTH CONDITIONS/PROBLEMS (heart, lung, kidney, blackouts/convulsion, diabetes, asthma, bronchitis, epilepsy, etc.):

Allergies? (list any drug, food and other, ie. bees): _____

Prescription Medications (list): _____

Non-prescription Medications student will carry (list): _____

THE FOLLOWING SECTION WILL BE INVOKED ONLY UNDER THE MOST EXTREME CIRCUMSTANCES, AND/OR AFTER ALL ATTEMPTS TO REACH PARENTS HAVE BEEN EXHAUSTED.

This is permission to CMEA, and/or their designee to obtain treatment of my child by physicians and athospitals for any medical or surgical emergency.

Parent or legal guardian's signature _____

Insurance Co. _____ Identification No. _____ Group No. _____