

To be completed following notification of acceptance into the following Festivals:

All-State Festival

A separate Health History is required for each Festival.

CMEA ALL-STATE FESTIVAL 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!

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): _____

ALL-STATE ONLY. FOOD ALLERGIES or other DIETARY NEEDS OR RESTRICTIONS (peanuts, gluten-free, vegetarian, etc.):

NOTE For Region Festivals: CMEA does not monitor or control what foods/snacks are made available to students at each Region Festival. As these foods/snacks may contain allergens, parents/guardians therefore remain solely responsible for providing appropriate lunches and snacks for those students with food allergies or other dietary needs.

ALL-STATE ONLY. List any health condition that may affect HOTEL ROOMING assignments:

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, its Region Director and/or their designee to obtain treatment of my child by physicians and at hospitals for any medical or surgical emergency.

Parent or legal guardian's signature _____

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