

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. \_\_\_\_\_