

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

Middle & High School Region Festivals

*A separate Health History is required for each Festival.*

## CMEA REGION MUSIC 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. \_\_\_\_\_