

HS FESTIVAL MEDICAL FORM / STUDENT ACCEPTANCE FORM

Due to Anne Hamilton on FRIDAY, MARCH 15th

(Please Type and fill out entirely)

Teachers: Make a copy that you will have at the festival

District II High School Music Festival: April 4, 5, 6, 2013

Student Name: _____

Gender: _____ School: _____

Member of: Wind Ensemble _____ Band _____ Chorus _____

Parent(s)/Guardian: _____

Home Address: _____

Daytime contact numbers for parent(s)/Guardian:

Emergency Name and Number: _____

Family Physician's Name and Number: _____

Insurance Co: _____ Policy #: _____

List on reverse side any health problems (Allergies/Asthma, etc.): _____

List on reverse side any medication the student will be taking during the Festival: _____

Check ONE and Sign the following:

____ I DO give the school nurse permission to administer Tylenol, Advil or the equivalent to my child if necessary.

____ I DO NOT give the school nurse to administer any medication to my child.

I, _____, hereby accept my position in the District II
(student participating)

Northeast Music Festival, from April 4, 5, 6, 2013. I fully understand that I am required to be at all rehearsals and the performance. If I do not fulfill these requirements I will not only be eliminated from the performance, but I will also be unable to participate in next year's festival. I understand that failure to attend the festival after the March 4th acceptance date may jeopardize my involvement in the festival the following year. I also agree to abide by the Festival rules and curfew as outlined in the handbook.

Student Signature / Date

Parent/Guardian Signature / Date