

MEDICAL FORM - NORTHEAST JH MUSIC FESTIVAL

DUE March 9, 2012 to Peter Storrings / Chris Sellers

(Please TYPE) - KEEP A COPY FOR YOURSELF

STUDENT NAME: _____

SEX: _____ SCHOOL: _____

MEMBER OF: BAND _____ CHORUS _____

PARENTS: _____ HOME PHONE: _____

HOME ADDRESS: _____

MOTHER'S DAYTIME PHONE: _____

FATHER'S DAYTIME PHONE: _____

EMERGENCY NAME AND NUMBER: _____

FAMILY PHYSICIAN'S NAME & NUMBER: _____

INSURANCE CO: _____ POLICY # _____

STATE ANY HEALTH PROBLEMS (ALLERGIES, ASTHMA, ETC.):

STATE ANY MEDICATION THAT THE STUDENT WILL BE TAKING DURING THE
FESTIVAL: _____

____ 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 PERMISSION TO ADMINISTER
ANYTHING TO MY CHILD.

(Parent Signature/Date)