

# C.C.M.T.A. HEALTH FORM

## NOTICE TO MUSIC TEACHERS:

Please duplicate this form and have your students and their parents fill in and return to you. In case one of your students becomes ill, we may need the following information.

**PLEASE TURN THESE FORMS IN AT THE REGISTRATION DESK AT THE FESTIVAL ON SATURDAY MORNING.**

C.C.M.T.A. Spring Festival – Chautauqua Institution – June 4<sup>th</sup>, 2011

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Student's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents' Cell Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Music Teacher: \_\_\_\_\_ School: \_\_\_\_\_

“ \_\_\_\_\_ has my permission to attend the C.C.M.T.A. Music Festival at Chautauqua Institution on June 4<sup>th</sup>, 2011. In case of an emergency, I give my consent for a CCMTA member to act in the best interest for \_\_\_\_\_. I accept responsibility for all medical expenses arising from this case.”

Parent's Signature: \_\_\_\_\_

Family Doctor (if student has one): \_\_\_\_\_

Doctor's Telephone: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

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DO NOT WRITE IN THIS SECTION

CCMTA MUSIC FESTIVAL

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

Nature of Illness: \_\_\_\_\_

Dispensation: \_\_\_\_\_

CCMTA Member: \_\_\_\_\_