

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 5th, 2010

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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 5th, 2010. 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: _____