C.C.M.T.A. WINTER FESTIVAL
Chautauqua Lake Central School
Saturday, February 9, 2008

STUDENT 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 in these forms at the festival registration desk on Saturday morning.***

Student's Name _____

Parent's Name _____

Parent's Home Address _____

Parent's Home Phone _____ Cell Phone _____

Music Teacher's Name _____School _____

Emergency phone (if parents are unavailable) _____

" _____ has my permission to attend the C.C.M.T.A. Winter Music Festival at Chautauqua Lake Central School on Sat., Feb. 9, 2008. In case of emergency, I give my consent for a CCMTA member to act in the best interest for my child. I accept responsibility for all medical expenses arising from this case."

Parent's Signature _____

Family Doctor, if student has one: _____

Dr.'s Phone _____

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