

**C.C.M.T.A. WINTER FESTIVAL  
Silver Creek Central School  
Saturday, February 11, 2012**

**STUDENT HEALTH FORM**

**Notice to Music Teachers:**

Please duplicate this form and have your students and their parents fill it in and return it 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 Silver Creek Central School on Sat., Feb. 11, 2012. 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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DO NOT WRITE IN THIS SECTION CCMTA WINTER MUSIC FESTIVAL

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

Nature of illness \_\_\_\_\_

Dispensation \_\_\_\_\_

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