C.C.M.T.A. WINTER FESTIVAL
Chautauqua Lake Central School
Saturday, February 27, 2010

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. 27, 2010. 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 ____