

To be completed following notification of acceptance into any CTAfME Festivals.
This COMPLETED health form will be used for all festivals the student is involved in.

CTAfME MUSIC FESTIVALS STUDENT HEALTH FORM

The Connecticut Association of Music Educators believes that the opportunity to participate in any Music Festival is a valuable musical and educational experience. For an event of this type, it is necessary for CTAfME to have emergency contact numbers and medical information for each participant. We sincerely hope that this information will never be used; however, in case of an emergency it will be readily available. This information will be kept confidential. Upon the completion of all Festivals that this student is involved in, this form will be destroyed. PLEASE PRINT CLEARLY!

Student's full name _____ M _____ F _____ Date _____

Date of Birth _____ Grade _____

Town of School _____ School Name _____

Student's Present Address _____

Parent/Legal Guardian _____ Phone _____

Day-Time Phone: Father _____ Mother _____

Relative or other Responsible Party _____ Phone _____

HEALTH HISTORY. Please complete & sign the following:

HEALTH CONDITIONS/PROBLEMS (heart, lung, kidney, blackouts/convulsion, diabetes, asthma, bronchitis, epilepsy, etc.):

Drug Allergies? (allergic to penicillin, sulfa, etc.): _____

Prescription Medications (list) : _____

Non-prescription Medications student will carry (list) : _____

Please complete the following so that it is on file in the event that your child applies, auditions and is accepted into the All-State Festival.

FOOD ALLERGIES or other DIETARY NEEDS OR RESTRICTIONS (peanuts, gluten-free, vegetarian, etc.):

List any health condition that may affect your ROOMING assignment if selected into the All-State Festival:

THE FOLLOWING SECTION WILL BE INVOKED ONLY UNDER THE MOST EXTREME CIRCUMSTANCES AND/OR AFTER ALL ATTEMPTS TO REACH PARENTS HAVE BEEN EXHAUSTED.

This is permission for treatment of my child by physicians and at hospitals for any medical or surgical emergency.

Parent or legal guardian's signature _____

Insurance Co. _____ Identification No. _____ Group No. _____