



Massachusetts Music Educators' Association, Inc.

NORTHEASTERN DISTRICT

A Federated State Unit of the National Association for Music Education
Endorsed by the Massachusetts Secondary School Administrators Association

MEDICAL FORM

Please type or neatly print all information on the form below.

School Code: _____ School Name: _____

STUDENT EMERGENCY MEDICAL INFORMATION

Student's Name _____ Male _____ Female _____

Date of Birth _____ Age _____ Grade _____

Check one: Band | Chorus | Jazz | Orchestra

Parent/Guardian's Name: _____

Home Address _____ Town _____ Zip _____

Home Phone _____ Cell Phone _____

In emergency, notify _____ Relationship _____

Home Phone _____ Cell Phone _____

Medical Insurance Company _____ Policy Number _____

Is student taking medication? Yes | No

If yes, what Medications/Dosage? _____

Allergies? _____

Please Specify _____

Any Illness? _____ Please Specify _____

Does the student require a restricted diet? (If so please specify here.)

PARENT/GUARDIAN PERMISSION

I (parent/guardian name) _____, submit the above emergency medical information and give my permission for my child to participate in this festival under the conditions in the *NED Handbook* and the rules and expectations outlined in the *Northeastern District Student Contract*. I hereby acknowledge that the performance of my child identified above may be photographed, reproduced, and/or recorded on compact disc, DVD, and/or other similar devices and may be displayed and/or heard in MMEA publications and/or on the MMEA-Northeastern District Website without remuneration.

Parent/Guardian Signature _____ Date _____

THIS FORM MUST BE SIGNED AND PRESENTED AT THE REGISTRATION DESK AT THE FIRST REHEARSAL.