

MMEA EASTERN DISTRICT SENIOR FESTIVAL

Festival Student Information Form

Student Name: _____ Home Phone: _____

Home Address: _____
Street Town/City Zip Code

Parent Work Phone: _____ Parent Cell Phone: _____

School Name: _____ Grade: 9 10 11 12

Performing Ensemble: Band Chorus Orchestra Jazz

Student Instrument/Voice Part: _____

School Director's Name: _____

Medical Information

Authorization for a school Representative to Act on Behalf of an Absent Parent or Guardian

As parent/guardian, I delegate authority to the representative of the
_____ to act in my absence to insure my son/daughter,
Name of school
_____, will receive emergency medical attention if the need arises.
Student Name

If however, in the opinion of competent medical personnel there is sufficient time and need to contact me, every effort will be made to do so.

Student's Physician: _____ Telephone: _____

Medical Insurance Co.: _____ Policy Number: _____

Allergies: _____

Medications allowed: _____

Date of last Tetanus Shot: _____

Please use the back of this form to include other pertinent information

Parent's Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____