MEDICAL FORM
Maui Youth Philharmonic Orchestra
2009 - 2010

Name of child	Age	Cell Phone
School	Grade	Home Phone
Home Address	City	Zip Code
Mother's Name or Guardian	Father's Name or Guardian	

In case of emergency, please contact these people in this order:

Name of 1st Contact	Relationship	Phone #1
		Phone #2
Name of 2nd Contact	Relationship	Phone #1
		Phone #2

MEDICAL INFORMATION

Name of Insurance Company	Policy Number
Name of Doctor	Phone

My son/daughter/dependent has permission to attend activities related to the Maui Youth Philharmonic Orchestra (MYPO). If an emergency occurs while he/she is attending or traveling to or from regular meetings, practices, special trip and/or activities and I cannot be reached to give consent for his/her medical care, I hereby authorize the adult in charge or in their absence or disability, any adult accompanying or assisting the adult in charge to seek treatment for my child and/or dependent minor by a licensed physician. I understand that the Maui Youth Philharmonic Orchestra and Baldwin High School will not be held responsible for any injury or illness of my child while participating in any Maui Youth Philharmonic Orchestra activity.

Parent/Guardian Signature	Date

Special allergies or medical information: _____

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