Maui Youth Philharmonic Orchestra
MEDICAL FORM
2017-2018

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 participate in lessons, recitals, performances or activities related to Maui Youth Philharmonic Orchestra. If an emergency occurs while he/she is attending or traveling to or from regular lessons, practices, special trips 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 Maui Youth Philharmonic Orchestra, Baldwin High School, or any other venue, organization, or person(s) will not be held responsible for any injury or illness of my child while participating in any Maui Youth Philharmonic Orchestra activity under any of their directors, teachers, or staff.

Parent/Guardian Signature	Date

Special allergies or medical information: _____

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