

Maui Youth Philharmonic Orchestra
MEDICAL FORM
2018-2019

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 1st 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 license 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: _____
