INFORMATION FORM / MEDICAL AUTHORIZATION

Please Print/type

E-Mail:	Student Name:	Birthdate:
Are you allergic to any medication and/or food? Can you take aspirin or Tylenol? Do you wear contact lenses? Do you suffer from: Hay Fever Allergies Asthma Do you take any medication? What kind? Is there any health history that may assist the person in charge should you become ill? Telephone: In case of emergency, please contact: Name / Relationship Telephone Telephone	Parents / Guardians Names:	Polo Shirt Size:
Name of school you attend:	Home Address:	City / Zip:
Instrument played in DWS:	E-Mail:	Telephone:
Student's General Health Information: Are you allergic to any medication and/or food? Can you take aspirin or Tylenol? Do you wear contact lenses? Do you suffer from: Hay Fever Allergies Asthma Do you take any medication? What kind? Is there any health history that may assist the person in charge should you become ill? Family Physician: Telephone: In case of emergency, please contact: Name / Relationship Telephone WE DO WE DO NOT have health or accident insurance. Insurance Company: Group # Policy # I hereby authorize medical or surgical treatment of event of any emergency, illness or accident. I accept all responsibility and liability for any occurrence during this member's participation with the Diablo Wind Symphony.	Name of school you attend:	Grade:
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occurrence during this member's participation with the Diablo Wind Symphony.	Insurance Company:	Group # Policy #
Signature of Parent, Guardian (or Student if over 18 years of age)		
Parent's Social Sec. #: Member's Social Sec.#		