

INFORMATION FORM / MEDICAL AUTHORIZATION

Please Print/type

Student Name: _____ Birthdate: _____

Parents / Guardians Names: _____ Polo Shirt Size: _____

Home Address: _____ City / Zip: _____

E-Mail: _____ Telephone: _____

Name of school you attend: _____ Grade: _____

Instrument played in DWS: _____

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 _____ in the 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.

Signature of Parent, Guardian (or Student if over 18 years of age)

Parent's Social Sec. #: _____ Member's Social Sec.# _____