

# Maui Youth Philharmonic Orchestra

## MEDICAL FORM

### 2019-2020

\_\_\_\_\_  
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 1<sup>st</sup> Contact

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone #1

\_\_\_\_\_  
Phone #2

\_\_\_\_\_  
Name of 1<sup>st</sup> Contact

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone #1

\_\_\_\_\_  
Phone #2

### MEDICAL INFORMATION

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\_\_\_\_\_  
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: \_\_\_\_\_

\_\_\_\_\_