

Maui Youth Philharmonic Orchestra  
**MEDICAL FORM**  
**2023-2024**

Name of Child \_\_\_\_\_ Age \_\_\_\_\_ Cell Phone \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Name or Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name or Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

**In case of emergency, please contact these people in this order:**

Name of  
1<sup>st</sup> Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Ph.#1 \_\_\_\_\_

Ph.#2 \_\_\_\_\_

Name of  
2<sup>nd</sup> Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Ph.#1 \_\_\_\_\_

Ph.#2 \_\_\_\_\_

.....  
**MEDICAL INFORMATION**

Name of Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Name of Doctor \_\_\_\_\_ Phone \_\_\_\_\_

My son/daughter/dependent has permission to participate in lessons, recitals, performances or activities related to the 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, Iao School, the Queen Ka'ahumanu Center 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: \_\_\_\_\_