

Maui Youth Philharmonic Orchestra
MEDICAL FORM
2024-2025

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
1st Contact _____ Relationship _____ Ph.#1 _____

Ph.#2 _____

Name of
2nd Contact _____ Relationship _____ Ph.#1 _____

Ph.#2 _____

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MEDICAL INFORMATION
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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, 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: _____