

**MMEA EASTERN DISTRICT SENIOR FESTIVAL**  
2010 Festival Student Information Form

Student Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Town/City Zip Code

Parent Work Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: 9 10 11 12

Performing Ensemble: Band Chorus Orchestra Jazz

Student Instrument/Voice Part: \_\_\_\_\_

School Director's Name: \_\_\_\_\_

Medical Information

Authorization for a school Representative to Act on Behalf of an Absent Parent or Guardian

As parent/guardian, I delegate authority to the representative of the  
\_\_\_\_\_ to act in my absence to insure my son/daughter,  
Name of school  
\_\_\_\_\_, will receive emergency medical attention if the need arises.  
Student Name

If however, in the opinion of competent medical personnel there is sufficient time and need to contact me, every effort will be made to do so.

Student's Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications allowed: \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_

\*Please use the back of this form to include other pertinent information\*

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_