

School Year: 2018-2019

MUSIC DEPARTMENT PARTICIPATION / MEDICAL FORM

Acton-Boxborough Regional Schools 978-264-4700 ext. 3415

TO BE COMPLETED BY PARENT OR GUARDIAN - Return to Chorus Director

Student Name _____ (please print) Grade _____

Address _____ City _____ Zip _____

Parent/Guardian _____ (please print)

Address _____ City _____ Zip _____

Telephone: Home _____ Emergency _____

I give permission for _____ to participate in the chorus concert tour to Texas.

(Parent/Guardian signature)

(Date)

Please list pertinent medical information to be shared with the Ensemble Director. If medical needs change, it is the responsibility of the parent/guardian to notify the Ensemble Director.

Allergies (please list): _____

EPI Pen: Yes/No _____ Asthma: Yes/No _____ Inhaler: Yes/No _____

Medical Information: _____

Present Medications: _____

Health Insurance Company: _____ Policy Number: _____

Other Notes: