

**Virginia Elementary Music Educators Association
All Virginia Elementary Chorus
Medical Form**

Student Name _____ Birthday _____ Age _____

Name of Parent/Guardian _____ Home Phone _____

Address _____ Cell Phone _____

Please list any additional contact information for the day of rehearsal

A person we can contact in case a parent or guardian cannot be reached:

Name _____ Phone _____

If your child is taking medicine that will need to be administered at rehearsal, please contact your child's music teacher to make arrangements.

Please list any medical concerns your child may encounter: _____

In case of an emergency, I/we understand that every effort will be made to contact us, parents, guardian, or designated alternate named above. In the event a parent, guardian or designated alternate cannot be contacted, I/we hereby in an emergency situation give permission to the physician selected by the Professional Staff to hospitalize and provide treatment for my child, as named above.

Signature(s) of Parents/Guardian _____ Date _____

Additional Concerns

ALL INFORMATION IS CONFIDENTIAL.