

YOUTH WORKSHOP AT THE INTERNATIONAL TROMBONE FESTIVAL

Health Information Form

Student Name: _____ Date of Birth: ___/___/___

Medical Information

Is there any medical information that you would like to share that might assist in treatment in the event of a medical emergency? (Medical Condition(s), Medication(s), and/or Allergies including description of reaction)

Does your student have any physical, dietary, or medical restrictions that require special arrangements?

If yes, please explain:

Is an identification band or card carried to alert others to allergies, medical conditions, or medication use? (Y/N) _____

If yes, please explain:

I agree that the information above is correct to the best of my knowledge.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____