

DCMEA Student Registration and Medical Information form

Student Name: _____ Gender _____ Age _____
Date of birth _____ Grade _____
Instrument/Voice Part _____ Ensemble _____
Home Address: _____
Street _____
City, State, Zip Code _____
Phone Numbers: Home _____ Work _____ Cell _____
Director's Name _____ School _____
School District _____
Father's Full Name _____
Work phone _____ Home phone _____ Cell phone _____
Mother's Full Name _____
Work phone _____ Home phone _____ Cell phone _____
Guardian's Full Name _____ Work
Phone _____ Home Phone _____ Cell phone _____

I give my child permission to participate in the DCMEA Chorus Festival, hosted by the Susquehanna Township School District and The Forum in Harrisburg on the following dates:

2024 Choral Festival Info – concert at The Forum

- **Elementary Rehearsal** - Thursday, April 11, 2024
6:30 PM to 8:00 PM @ Susquehanna Twp. Middle School.
(801 Wood St, Harrisburg, PA 17109)
 - **Middle School Rehearsal** - Friday, April 12, 2024
8:30 AM to 1:45 PM @ Susquehanna Twp. Middle School
(801 Wood St, Harrisburg, PA 17109)
 - **Senior High Rehearsal**
Friday, April 12, 2024 - 8:30 AM to 2:00 PM
@ Susquehanna Twp. High School
(3500 Elmerton Ave., Harrisburg, PA)
- Festival Day**
Saturday April 13, 2024 @ The Forum, Harrisburg.
Rehearsal begins at 8:30 AM
Concert at 2:30 PM

Attendance Policy: Students must attend all pre-festival rehearsals and all rehearsals for the festival in order to participate in the concert. Signing this section signifies my understanding of this policy.

Signature of parent/guardian _____ Date _____

(over, please)

Medical Information

Is the student currently under medical treatment? YES NO

If yes, give the nature of the treatment and the doctor's name and phone number:

Is the student currently taking any medication? YES NO

If yes, give the name of the medication, reason it is given, doctor's name and phone number
(Physician written order must accompany all prescription medication).

List any ailments of which the school nurse or medical personnel should be made aware (allergies, diabetes, heart condition, etc.)

Date of last tetanus shot: _____

Name of health insurance: _____

Name of Guarantor _____ Agreement # _____

Name of Employer (if group insurance) _____

Address _____ Phone _____ Group# _____

Emergency Contacts (Who should be contacted if guardian cannot be reached?)

Name _____ Phone _____

Name _____ Phone _____

If none of the above can be reached by phone, WHAT DO YOU WISH THE SCHOOL OR FESTIVAL HOST TO DO in case the child is sick or injured?

If EMERGENCY TREATMENT is required, may the school authorities, festival host, or designee use their own judgment in sending the child to a hospital or doctor most easily accessible before the parent/guardian can be reached? YES NO

If no, name preferred hospital _____

Preferred doctor _____

It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent/guardian, as indicated above, will be respected as far as possible. If at any time the above information must be changed, I will notify my child's music director/or festival host director in writing. It is understood and agreed that the child and his/her parent/guardian shall hold harmless Dauphin County Music Educators Association, the host school district, and any registered nurse employed by DCMEA, from any and all lawsuits, claims, demands, expenses or costs arising out of the administration of or failure to administer first aid or emergency treatment to the child while in attendance at a DCMEA-sponsored musical program or festival, including practice sessions.

Signature of parent/guardian _____ Date _____

The host school nurse has my permission to administer to my son/daughter (circle as allowed):

Tylenol Ibuprofen (Advil) Visine Cepacol (lozenge) Bacitracin ointment

Other (be specific, must be provided by parent) _____

Signature of parent/guardian _____ Date _____