

**Midcoast School of Music
Medical Form and Emergency Information**

Student Name: _____

Parent/Guardian Name _____

Address: _____

Daytime Phone: _____ Cell Phone: _____

Name of person to contact if parents cannot be reached:

Number of person to contact if parents cannot be reached:

Allergies: _____

Medications: _____

Additional information or considerations: _____

Parent/Guardian Signature: _____