

NEW JERSEY ALL-STATE MEDICAL FORM (PLEASE TYPE DIRECTLY INTO THIS FORM AND THEN PRINT AND SIGN. (IF COMPLETING BY HAND, PRINT, DO NOT USE PENCIL)

This form must be signed and returned at your first rehearsal!

| STUDENT NAME: | | | |
|---|---|--------------------------|-------------------|
| LAST | FIRST | MIDDLE | |
| CHECK ONE: MALE: FEMALE: | | DD YEAR | |
| CHECK ONE: SYMPHONIC BAND: | WIND ENSEMBLE: | TREBLE CHORUS: _ | |
| JAZZ ENSEMBLE: | MIXED CHORUS: | ORCHESTRA: | |
| HONORS JAZZ CHOIR: _ | <u> </u> | | |
| PARENTS: HOME PHONE: | EMERGENCY PHO | NE NUMBER: | |
| PARENTS BUSINESS PHONE: | PARENT CELL PH | HONE: | |
| STUDENT CELL PHONE: | | | |
| HOME ADDRESS: | | | |
| HOME ADDRESS: STREET ADDRESS | CITY | STATE | ZIP |
| AIRBORNE FOOD & MEDICAL ALLERGIE MEDICATIONS (List any medications currentle) | <u>ES</u> | | |
| SPECIAL DIETARY NEEDS (Vegetarian, Vega | n, etc.) | | |
| MEDICAL INSURANCE COMPANY NAME INSURANCE POLICY/ID NUMBER - | | | |
| I hereby give my permission for medical treatm emergency, and if necessary, transport to, and treatinformation is accurate, complete, and true as of | ent to be administered to the ab atment at a local hospital. My sign | ove named minor child in | case of a medical |
| DATE: SIGNATURE | (D4DENE) | CICIIA DDI 437 | |
| MM DD YEAR | | '/GUARDIAN) | |
| PRINTED NAME: | | JARDIAN) | |