

MAINE YOUTH ROCK ORCHESTRA

142 High Street Ste. 223 Portland, ME 04101
(207)613-6525

STUDENT MEDICAL INFORMATION: All personal information provided on this form remains confidential. MYRO staff are trained in CPR and Emergency First Aid.

(Please Print)

Student Name: _____

Emergency Contacts (please provide two)

Name: _____ Relationship: _____ Phone Numbers: _____

Name: _____ Relationship: _____ Phone Numbers: _____

Physician's name and phone number (optional, if you authorize MYRO to contact him/her)

(MYRO's 2nd Floor office and rehearsal space is accessible by elevator.)

Does your child have any condition or take any medication that MYRO needs to be aware of in order to provide a healthy and safe environment for him/her? (Inhalers, Epipens, etc.)

Yes No

If Yes, please list on back of form.

Allergies (Please list)

Other conditions: _____

Learning Disabilities: Yes No

If yes, please describe in detail:

Parent Signature: _____

Date: _____