

2021 MEDICAL FORM

Student Name: _____ Date of Birth: ____/____/____
 Home Address: _____ City: _____ State: ____ Zip: _____
 Parent/Guardian Name: _____
 Home Phone: (____) _____ Cell Phone: (____) _____
 Emergency Contact Name: _____ Relationship to Student: _____
 Emergency Contact Home Phone: (____) _____ Cell Phone: (____) _____

We have put in place preventative measures to reduce the spread of COVID-19 if we are allowed to rehearse on campus. To keep our students and staff as safe as possible, when members come to campus, their temperature will be taken before entering the rehearsal space. A student with a temperature will not be allowed into the facility on that day. We encourage students and parents to check their temperature before coming to rehearsal. Our social distancing strategy will have students seated in specifically marked chairs that the university has already marked. We ask students to be respectful of one another's space and to stay seated/at their chair once seated.

To be completed and signed by all students and by parents/guardians of students

I certify that _____ is able to participate, and that there is no objection to his or her participation, in the New England Youth Wind Ensemble and/or Junior Wind Ensemble (NEYWE) or any of the activities therein contained. Furthermore, in consideration of my child's being permitted to participate in the UMass Lowell's NEYWE programs, I agree, on behalf of my child, myself, my family, heirs and personal representatives to assume all risks and responsibilities surrounding my / my child's participation in UMass Lowell's New England Youth Wind Ensemble and/or Junior Wind Ensemble program. To the maximum extent permitted by law, I release and indemnify the University of Massachusetts Lowell, its Board of trustees and their officers, employees, and agents, from and against any present or future claim, loss or liability for injury to person or property which I or my child may be liable to any other person, during my / my child's participation in UMass Lowell's New England Youth Wind Ensemble and/or Junior Wind Ensemble program - held at the University from Monday, January 25th through Friday, April 30, 2021.

In the event that it becomes necessary to seek medical attention or to go to a hospital, you have my permission to seek such help as may be determined necessary by the Director or the Program Staff. A child taken to the hospital will necessitate parents/legal guardians attendance at the hospital at the earliest possible time.

Emergency Care Providers require the following information. All information provided shall be held in confidence and maintained by the Director and Administrative Staff.

My / Our Medical Plan is: _____ Medical Plan Number: _____
 The Policy Holder is: _____ Employer of Policy Holder: _____
 Primary Care Doctor: _____ Primary Care Phone: (____) _____
 Location of Primary Care Doctor: _____ No Medical Insurance: _____
 Does your insurance provider require notification prior to emergency care? Circle One Yes / No

Signature of Student: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____

Please list ALL of the following: *Current Medical Conditions, Allergies, Current Medications, for what purpose is medication being taken, any physical limitations* that would prevent you from participating fully in UMass Lowell's New England Youth Wind Ensemble/Junior Wind Ensemble/Percussion Ensemble. Please be specific. Please attach any necessary information. _____

MEDICAL FORM COMPLETED IN FULL - DUE BY JANUARY 25th, 2021