University of Massachusetts Lowell
UMASS Lowell

# New England Youth Wind Ensemble

*35 Wilder St. Suite 3 Lowell, MA 01854*
*Deb Huber, Director (978) 934-4133*

## *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: (_____) _____

***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, Junior Wind Ensemble (NEYWE), and/or Percussion Ensemble 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, Junior Wind Ensemble, and/or Percussion 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 16th through Friday, May 5th, 2023.

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.

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***MEDICAL FORM COMPLETED IN FULL - DUE BY JANUARY 15th, 2023***