

# OCMEA Summer Music Institute

Mail this form along with payment to:

OCMEA SMI  
c/o Ashley Contzius  
10 Van Wyck Court  
Wallkill, NY 12589

## *Medical Form*

(Please print)

Guardian 1: \_\_\_\_\_ Cell # \_\_\_\_\_

Guardian 2: \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Contact # \_\_\_\_\_

Please answer the following questions:

1. List any medications your child is currently taking?

2. List any medications that your child is carrying with them at the SMI?

3. List any known allergies?

4. List any medical conditions or other pertinent information that the SMI staff should be aware of:

I, \_\_\_\_\_, provide this information to SMI—OCMEA for emergency purposes only. I understand that this document will be shredded after the Summer Music Institute has been completed.

Parent/ Guardian

Signature : \_\_\_\_\_ Date: \_\_\_\_\_