



Thayer
Symphony
Orchestra

“Your Performing Arts Institution”

Toshimasa Francis Wada
Artistic Director

COMMUNITY MUSIC SCHOOL - MEDICAL FORM

*Due to current Federal regulations, you are not obligated under law to complete this form.
All information will be held confidential and used solely for the purposes of the well-being of student and faculty.*

Student's Name _____ Age _____ Birthdate _____

Address _____

Phone Number _____ Parent/Guardian _____

Emergency Contact #1 _____ Phone Number _____

Emergency Contact #2 _____ Phone Number _____

Challenging Disability/Diagnosis _____

Limitations in Communication _____

History of Seizures Yes ___ No ___ What type? _____

Precautions _____

Response Necessary _____

Does the student take medications that alter behavior Yes ___ No ___

If yes, how is the student's behavior altered _____

Is the student on a behavior management program that would be beneficial to apply to his/her class? If yes, please explain the program _____

Allergies: Yes ___ No ___

If yes, please list _____

I give permission for CMS to contact 911 for medical assistance if necessary: Yes ___ No ___

Signature of Parent/Guardian/Applicant _____



14 Monument Square, Fourth Floor, Leominster, MA 01453
Tel. 978.466.1800 🎵 Fax 978.840.1000
www.thayersymphony.org

