

Middle Tennessee State University School of Music

2008 Brass Performance Clinic

Saturday, November 1st
Medical Treatment Permission Form

Please return to: Dr. Michael Arndt
Middle Tennessee State University
School of Music
PO Box 47
Murfreesboro, TN 37132

Or fax to: 615-898-5037

Name _____ Instrument _____

Student's Email _____ School _____

Medical Consent: In the event the student named above requires medical attention (November 1st, 2008), I hereby grant permission for medical doctors to render medical services as deemed necessary by the attending physician.

Parent's/Guardian's Signature Home Phone Office Phone

Cell Phone

Address _____ City _____ Zip _____

Insurance Company and Policy Number: _____

(Include group number if necessary for treatment)

Allergies or Medical Conditions: _____

Director's Name: _____ Phone _____

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Name _____ Instrument _____

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My son/daughter _____ has my permission in the 2008 MTSU Brass Performance Clinic (Saturday 1st, 2008). He/She will adhere to the rules stated below.

Parent's Signature

Date

Phone Number

Day time phone

- 1) Students must attend all clinics, playing sessions, and concerts.
- 2) Students must be in their seats to ten minutes before the beginning of the clinica, rehearsals, and events.
- 3) Students will only be supervised during rehearsals, sectionals, clinics, and concerts. Aside from these times, students are responsible for their own actions.
- 4) Food, beverages, and gum chewing are not allowed during any scheduled events.