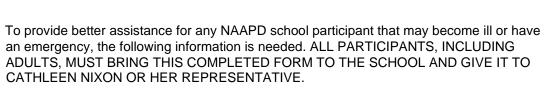
## North American Academy of Piping & Drumming

## MEDICAL INFORMATION AND RELEASE



North American Academy of	Piping & Dru	unming	
MEDICAL INFORMATION	AND RELEASE		
To provide better assistance for any NAAPD school an emergency, the following information is needed. ADULTS, MUST BRING THIS COMPLETED FORM CATHLEEN NIXON OR HER REPRESENTATIVE.	ALL PARTICIPANTS, IN	CLUDING	
NAME:	AGE:	_SESSION/WE	EK:

HOME ADDRESS & PHONE NUMBER:				_
IN AN EMERGENCY, NOTIFY:				
PHONE NUMBER(S):	HOURS AT THAT NUMBER:			
***********************	******	******	******	******
Do you have any medical conditions for which you are unde please describe:			:S	If yes,
Are you on any sort of special diet or do you have any food describe			If yes, ple	ease
Are you allergic to bee stings or insect bites? NO YEs				f reaction
What medications do you normally take if bitten or stung? _				
Will you be taking any medications while at the school? NO form the names of the medicines and the schedule you will			list on the	back of this
Tetanus immunization is not required to attendance at the solast immunization			know the d	late of your
NAME, ADDRESS & PHONE NUMBER OF PERSONAL PH	IYSICIAN			
INSURANCE POLICY INFORMATION				
case of medical emergency, local medical facilities and/or h			******	********* In
I. authorize	SANDY JONES or	his represent	tative for th	ne NAAPD
to authorize medical treatment for:(re				
(signed)(re	lationship)	(date)_	A	LL students,
parents and guardians MUST SIGN this portion.				

ALL INFORMATION WILL BE KEPT CONFIDENTIAL. 107 Stone Dye Drive, Elizabethton, TN 37643 ATTN: Cathleen Nixon applications@naapd.org