OIC Summer Music Program Application

Student's Name _____
(Print)

Birth Date _____ _____ _____
(Month) (Day) (Year)

Grade _____

Gender _____ (Male) _____ (Female)

Address _____ Apt _____
(Street Address)

City _____ State _____ Zip _____

Parent/Guardian Information

First Name _____ Last Name _____

Address (if different from above)

_____

Home Number _____ Cell Phone _____

Email Address _____

Emergency Information

Emergency Contact Name _____

Relationship _____ Phone Number _____

Alternate Phone Number _____

Does student have any allergies, chronic illness, or medical conditions? If yes, please describe: _____

_____

Is the student prescribed any medications? _____ If yes, will student need to take medications during the hours of the internship? _____ If yes, please attach a note of permission to administer from doctor with detailed instructions.