December 5, 2019

Dear Director,

Included is your school’s invoice for the NHMEA All-State Festival. With the invoice are copies of the All-State Student Registration Form, Student Rules and Regulations, and Medical Form. Please distribute those forms to all participating students. Please duplicate forms (double-sided) as needed.

Please review the rules and regulations with your students prior to their arrival at the festival. The following must be returned by January 4, 2020:

• All completed student registration forms
• All completed student medical forms
• One registration check per school

These materials should be sent to the following address:

NHMEA
PO Box 717
Stratham, NH 03885

All-State Ensemble Music will not be distributed until all forms and money are received. Music folders will be available for pick up on January 11, 2020 during the Chamber Festival at UNH.

Thank you for your cooperation.

Sincerely,

Sarah Evans, Conference Chair
NHMEA All-State Music Festival
April 2-4, 2020
Student Registration Form

Performance Group:

_____ MIXED CHOIR
_____ TREBLE CHOIR
_____ BAND
_____ ORCHESTRA
_____ GUITAR ENSEMBLE

LAST NAME: __________________ FIRST NAME:_________________ GENDER:_____
(used for rooming purposes)

PARENT/GUARDIAN:
____________________________________________________________________________________

HOME TELEPHONE: ________________________________

ADDRESS:
____________________________________________________________________________________

____________________________________________________________________________________

TOWN/CITY: ___________________________________________ ZIP: _________________________

DAYTIME TELEPHONE: ________________________________

SCHOOL:
____________________________________________________________________________________

____________________________________________________________________________________

SCHOOL TELEPHONE: ________________________________

SCHOOL PRINCIPAL:
____________________________________________________________________________________

MUSIC TEACHER(S):
____________________________________________________________________________________

____________________________________________________________________________________

Through completing and submitting this form to the New Hampshire Music Educators’ Association I hereby authorize and consent to the use of my child’s visual image by the New Hampshire Music Educators’ Association for appropriate purposes, including but not limited to: still photography, video recording, electronic and print publications, and websites. I understand that no identifying
information, such as my child’s name or home address will be included with the visual image. I give this consent with no claim for payment. For the opt-out procedure please contact editor@nhmea.org by the due date of this form.

I understand that I must attend ALL rehearsals, events and activities, and abide by the RULES AND REGULATIONS of the N.H All-State Festival or face expulsion from the event.

STUDENT SIGNATURE:
________________________________________________________________________

PARENT/GUARDIAN SIGNATURE:
________________________________________________________________________

This form must be immediately returned to your child’s Music Teacher, accompanied by the completed medical form (both appropriately signed by a parent/guardian) to allow participation.
NHMEA All-State Music Festival  
April 2-4, 2020  
Medical Form  
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Please Print

**All-State Performance Group:**
- ____ MIXED CHOIR  
- ____ TREBLE CHOIR  
- ____ BAND  
- ____ ORCHESTRA  
- ____ GUITAR ENSEMBLE

LAST NAME: _____________________________  FIRST NAME: _____________________________  
GENDER:__________  
(Used for rooming purposes)  
DOB: ____/____/____  
PARENT(S)/GUARDIAN(S):

HOME TEL: __________________________  WORK TEL: __________________________  CELL TEL: __________________________

Address:

School: _________________________________________  Teacher(s) Name(s):

OTHER THAN ABOVE, IN CASE OF EMERGENCY, PLEASE NOTIFY
Name: _________________________________________  Relationship:

Home Address: __________________________  Tel: __________________________  Cell phone:

Business Address: __________________________  Tel: __________________________  Cell phone:

Family Physician: __________________________  Tel: __________________________

**Health History**

Heart Trouble  
(explain):

Blackouts/Convulsions  
(explain):

Diabetes (Detail of treatment & control):

Asthma or Bronchitis:

Uses inhaler: __________________________  Patient has inhaler: __________________________

Date of last tetanus immunization: __________________________

**ALLERGIES**

Bee Sting:  
Penicillin:  
Food:  

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Environmental: ___________________
Type of Reaction and Severity:
_____________________________________________________________________________________

_______
Other (explain):_______________________________________________________________________

Dietary Restrictions or Needs:
_____________________________________________________________________________________

Are there any illnesses for which this student is currently receiving treatment or medication? Yes: _____
No: ______ Explain:
_____________________________________________________________________________________

Please describe and list medications:________________________________________________________________________

Does the student have the medication in his/her possession? Yes: _____ No: ______

IN CASE OF A MEDICAL EMERGENCY, I HEREBY AUTHORIZE ANY LICENSED PHYSICIAN, HOSPITAL, CLINIC
OR OTHER MEDICAL FACILITY TO HOSPITALIZE AND SECURE PROPER TREATMENT FOR MY CHILD NAMED
ABOVE.

Health Insurance Company: ___________________________________________ Policy No:
________________________________________________________

__________________________________________
Signature Parent/Guardian Date

Permission For Giving Over the Counter Medications

STUDENT NAME (please print): ______________________________________________________

Please check of which of the following medications may be given to your child in the school Health
Office:

_______ Acetaminophen (Tylenol)
_______ Anbesol (for toothaches)
_______ Antacid (such as Tums)
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______ Bacitracin ointment/triple antibiotic ointment (for cuts)

______ Benadryl (for allergic reactions)

______ Calamine lotion (for poison ivy)

______ Cough drops

______ Cough Syrup

______ Hydrocortisone cream (for rashes)

______ Ibuprofen (Advil, Motrin)

______ Imodium (for diarrhea)

______ Mylanta tablets (for upset stomach)

______ Pepto-Bismol (for upset stomach)

______ Sudafed (for nasal congestion)

______ I do not want my child to receive ANY over the counter medications.

__________________________________________________________________________

_________________________  ________________________
Signature Parent / Guardian      Date

No student will be allowed to participate without this form properly completed and returned.
1. The Festival Chair, Head Chaperones, Group Chairpersons, and the Host Chairperson are in charge of all students and will deal with all student issues.
2. You are expected to be in attendance and punctual for all rehearsals and activities.
3. Good sense and acceptable behavior as young adults is expected at all times.
4. Your dress should be comfortable and in good taste.
5. There will be absolutely NO SMOKING/VAPING allowed at any time during the Festival.
6. The possession and/or use of alcoholic beverages or unauthorized drugs in any form will result in immediate dismissal and be dealt with as a police matter. All those involved will be removed from the Festival and may be permanently barred from participating in future Festivals according to NHMEA Policy. (Specific details are available from your Director.)
7. The use of motor vehicles is prohibited during the Festival. Students may not drive themselves to the Festival, nor may they ride in the vehicle of another student.
8. Housing will be at the DoubleTree Hotel in Downtown Manchester. Upon selection into All-State, a student that has special concerns regarding their individual hotel assignment must by February 1 inform their director, and/or contact Ms. Evans (festival chair) directly at sarah.c.evans10@gmail.com. Rooming assignments will be made sometime in February by the Festival Chairperson and are final. At the festival, there should be no changes or swapping by students or directors. If a significant problem arises during the festival regarding a housing assignment, please bring it to the attention of your dean, and it will be dealt with accordingly.
9. All participants must be in Hotel Rooms by curfew each night at which time room-check will begin. Students will remain in their rooms until wake-up in the morning. A curfew violation is a serious issue. Do not jeopardize further participation.
10. Each group of students who occupy a hotel room together will be held jointly responsible for the condition of that room upon check-out. Each student's parent(s) or guardian(s) will be billed accordingly for any damages to the room or its contents.

1. FYI - There will be no swimming allowed at the Hotel.
2. Your identification badge must be worn at all times during the Festival, except of course when you are in your room.
3. Report all lost and/or found articles to your group Chairman. He/she will see that the information or articles get to the Deans of Students or their owner.
4. If we are unable to locate you at any time, your parents/guardians will be notified by telephone immediately.

ANY VIOLATION OF THE ABOVE RULES WILL BE GROUNDS FOR DISMISSAL AND MAY RESULT IN THE IMMEDIATE SUSPENSION FROM THE FESTIVAL, and may result in dismissal from future NHMEA festivals.

Thank you in advance for your cooperation!