



**Empire State Youth Orchestras**

**Emergency Contact,  
Health Information and Authorization for Medical Treatment**

**\*\*This information is required for student to participate.**

**Due: August 25, 2016**

Musician's Name \_\_\_\_\_

Age as of September 1, 2016 \_\_\_\_\_

Ensemble(s): Youth Orch. Rep. Orch. Wind Orch. String Orch. Youth Jazz Rep. Jazz  
Youth Perc. Falcons Rep. Perc. Eagles Rep. Perc.

Father/Guardian

Mother/Guardian

Name \_\_\_\_\_

\_\_\_\_\_

Street \_\_\_\_\_

\_\_\_\_\_

City/State/Zip \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

\_\_\_\_\_@\_\_\_\_\_

Day-time Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

( ) \_\_\_\_\_ - \_\_\_\_\_

Night-time Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

( ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

( ) \_\_\_\_\_ - \_\_\_\_\_

Medical Emergency Contact(s) (if parent/guardian is not available):

Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Date of last tetanus shot \_\_\_\_/\_\_\_\_/\_\_\_\_

Health Insurer: \_\_\_\_\_

Policy/Group No.: \_\_\_\_\_

Health Issues including allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications/purpose/special instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child \_\_\_ does \_\_\_ does not have permission to receive acetaminophen if he/she requests it from an ESYO staff person or chaperone.

My child \_\_\_ does \_\_\_ does not have permission to receive ibuprofen if he/she requests it from an ESYO staff person or chaperone.

By signing this form, I give permission for my child to receive treatment by a qualified physician in the event of an accident or serious illness, assuming ESYO has made every attempt to contact me. I agree to reimburse ESYO for any such treatment and/or related expenses incurred on my child's behalf during any ESYO event.

I release ESYO, its officers, agents, and employees from any liability related in any way to this authorization.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_