



ESYO Summer String Institute

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

My child has a nut allergy.
 My child requires the use of an EpiPen for _____.

Due: July 10, 2017

Musician's Name _____

Date of Birth _____

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 () _____ - _____

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.

I ___ do ___ do not 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 ____/____/____

Please print this form and return it to ESYO: Empire State Youth Orchestras
at Proctors
432 State St.
Schenectady, NY 12305