

Empire State Youth Orchestra
Emergency Contact,
Health Information and Authorization for Medical Treatment

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

Due: August 25, 2017

Musician's Name _____

Age as of September 1, 2017 _____

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

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 ____/____/____

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