



Emergency Contact, Health Information and Authorization for Medical Treatment

This information is required for student to participate. Please return signed to ESYO, 432 State Street, Schenectady, NY 12305

Ensemble(s): Please check all that apply.

- ___ Youth Orchestra ___ Youth Percussion Ensemble ___ CHIME at Proctors
___ Repertory Orchestra ___ Repertory Percussion Ensemble ___ CHIME at Yates
___ String Orchestra ___ Chamber Percussion Ensemble ___ CHIME at Van Corlaer
___ Concertino Strings ___ Concertino Woodwind Choir ___ CHIME at Troy
___ Wind Orchestra ___ Concertino Brass Choir
___ Youth Jazz Ensemble ___ Concertino Percussion
___ Repertory Jazz Ensemble

Musician's Name _____

Age as of 9/1/18: _____ Date of last tetanus shot ____ / ____ / ____

Health Insurer: _____ Policy/Group No. _____

Father/Guardian

Name _____
Street _____
City/State/Zip _____
Email _____
Cell Phone _____
Day-Time Phone _____

Mother/Guardian

Name _____
Street _____
City/State/Zip _____
Email _____
Cell Phone _____
Day-Time Phone _____

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

Name/Relationship _____

Day-Time Phone _____ Cell _____

HEALTH CONDITIONS (Please check at least one)

- ___ No health conditions ___ Heart Condition ___ There is a confidential matter I
___ Asthma ___ Low Blood Sugar wish to discuss privately.
___ Convulsions/Seizures ___ Migraines Please contact me.
___ Diabetes ___ Neurological/Developmental ___ Other:
___ Fainting Condition
___ Frequent Nose Bleeds ___ Psychological Condition

