

YOUTH ORCHESTRAS | MEDICAL & EMERGENCY INFORMATION

**STUDENT INFORMATION**

Name: \_\_\_\_\_  
*First* *Last*

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
*MM/DD/YYYY* *M/F*

School Name: \_\_\_\_\_ Grade level: \_\_\_\_\_

Special health considerations (including allergies)

Is student currently taking any medication? Y N  
 If yes, please list \_\_\_\_\_

Will student be taking medication during scheduled rehearsal? Y N

Name of Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
 Preferred Hospital \_\_\_\_\_ Insurance Carrier \_\_\_\_\_  
 ID # \_\_\_\_\_ Policy Holder \_\_\_\_\_

**EMERGENCY AUTHORIZATION**

*Emergency contacts if parent/guardian cannot be reached (please list two):*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**MEDICAL RELEASE:** In the unlikely event that my child becomes ill, and I or the authorized physician cannot be immediately contacted at the time of emergency, and if in the judgment of the staff of the Fort Wayne Philharmonic, immediate observation and/or treatment is necessary, I authorize and direct the staff to accompany my child to the hospital or physician most easily accessible. I release the Fort Wayne Philharmonic, their employees and agents from any claims of liability in the connection therewith.

Parent/Guardian Name (*printed*) : \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*