

Four Seasons Youth Orchestra
Medical Information, Consent and Release Form

*Please **print** all information except signature*

Participant's Name _____ Birthdate ____/____/____

Address _____

Home Phone (____) _____ Parents' Work Phones (____) _____ (____) _____

Family Insurance Company and Group Number _____

Name of Policy Holder _____ I.D. Number _____

Emergency Contact Person(s): Name _____ Phone (____) _____

Name _____ Phone (____) _____

Medical History (Circle all applicable, and explain if necessary)

Asthma _____ Hay Fever _____ Insect Allergies _____

Diabetes _____ Convulsions _____ Drug Allergies (Specify) _____

Date of last Tetanus shot _____ Other Allergies _____

Operations or Serious Injuries (Type and Dates) _____

Chronic or Recurring Illness _____

Food Allergies or Restrictions _____

Medication Taken Regularly _____

Other Considerations _____

Medical Release/Photo Release

I, the undersigned, hereby authorize a representative of the Four Seasons Orchestras to consent to and authorize the administration and performance of all treatments that may be considered advisable or necessary in the judgement of attending physicians, in the event that the youth named herein should be admitted to any hospital, or be in need of medical treatment. This authorization shall continue for such time as he or she is participating in any of the music programs or events of the Four Seasons Orchestras.

Furthermore, the health information on this form is correct so far as I know, and the youth named herein has permission to engage in all music program activities. On my behalf, and the behalf of the youth name herein, I hereby release from liability the Four Seasons Orchestra, its paid and volunteer staff, and I hold them harmless for any and all liability for an accident, injury or claim arising out of said youth's participation in these music programs. Additionally, the FSYO may document parts or all of rehearsals, concerts and events for use in promotional materials including, but not limited to, websites, brochures, flyers and posters. By signing this form, you agree to release all images photographic, video and audio, of you taken by FSYO staff and representatives. All images taken by FSYO staff and representatives are property of FSYO.

Signature of Parent or Guardian _____ **Date** _____