

Permission & Medical Release



My son/daughter has my/our permission participate in all YSSO rehearsals and concerts, events, activities, travel (if applicable), and any extended rehearsals/retreats during the 2011-2012 season.

I authorize YSSO adult chaperones, staff or governing board members to obtain the necessary medical attention in the event of an emergency.

<i>Name of Student Musician</i>	<i>Instrument(s)</i>	<i>Circle One</i>		
_____	_____	Strings	Orchestra	Symphony

<i>Physician's Name</i>	<i>Telephone #</i>	<i>Medical Insurance Co.</i>	<i>Policy #</i>
_____	_____	_____	_____

Please list all of the special dietary needs of your son/daughter (vegetarian, diabetic, etc.) *The YSSO will try to accommodate special needs and requirements.*

Please list all medical conditions (*i.e.* allergies, epilepsy, etc.) and medications about which the YSSO should be aware. *This information is confidential.*

Please provide the name and telephone number of an individual who could be contacted in the event the YSSO is unable to reach the parent/guardian listed below.

<i>Emergency Contact</i>	<i>Telephone.</i>	<i>Relationship</i>
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<i>Signature of Parent/Guardian</i>	<i>Telephone</i>	<i>Date</i>
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