



THE MCLEAN YOUTH ORCHESTRA EMERGENCY CARE PERMISSION FORM

A Project of the McLean Orchestra

Student's Name _____

Age _____ School _____ Grade _____

Please list any significant health problems: _____

Please list any allergies to medications: _____

Is student presently taking medication? _____

If so, what type? _____

Will student be taking medication during rehearsal? _____

EMERGENCY AUTHORIZATION: In the event of an emergency where a parent cannot be reached in a timely manner, parent hereby gives permission for student to receive appropriate medical care, including emergency room treatment or hospitalization.

Signature of parent or guardian _____

Relationship to student _____

Daytime phone (where to reach you in emergency) _____

Evening phone (where to reach you in emergency) _____

Name of Doctor _____ Phone: _____

Health Plan _____ ID #: _____

Date _____