

Georgia Youth Symphony Orchestra and Chorus

Medical Waiver, Instrument Liability and General Release

Student's Name _____ Age _____

Home Street Address: _____

City/State/Zip: _____

Home Telephone #: _____ E-mail Address _____

Two Emergency Contacts (name and telephone #): _____

Preferred Physician and Telephone #: _____

Preferred Dentist and Telephone #: _____

Preferred Hospital: _____

INSURANCE INFORMATION: Do you have health insurance? yes no

Medical Insurance Plan Name: _____

Policy #: _____ Subscriber's Name _____

Subscriber's Social Security Number of ID _____

STUDENT MEDICAL INFORMATION

Please explain any chronic medical problems or conditions that could limit the student's participation in any artistic, social, or athletic activities: _____

Please enter the date of the last Tetanus immunization the student has received: _____

Please list any allergies to food, medication, etc.:

Please list any dietary restrictions: ___diabetic ___lactose intolerant ___vegan
___vegetarian ___no fish ___no chicken ___no red meat ___no pork ___no eggs

I give permission for _____ to receive medical treatment (including medication, laboratory studies, x-rays, emergency services, blood transfusions, surgery, etc) upon the authorization of the designated staff of the Georgia Youth Symphony Orchestra and Chorus. I understand that every attempt will be made to contact me if a medical emergency arises. Also, I understand that in the event the preferred doctor/dentist/hospital is not available, another licensed physician or dentist or a reasonably accessible hospital will be used. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained before the surgery.

Instrument Liability

I hereby agree for and on behalf of myself, my dependents, heirs, executors, administrators, and assigns to use utmost care when handling, using, or in the presence of, any equipment belonging to the Georgia Youth Symphony Orchestra and Chorus, its sponsors, officers, agents, licensees and representatives. I also agree that any damage incurred to any equipment/instruments while in my possession will be the sole responsibility for full replacement value and/or replacement/repair costs to the parties signed below, occurring during any portion of, or in relation to this program.

Waiver and Release

I hereby agree for and on behalf of myself, my dependents, heirs, executors, administrators, and assigns to release and hold harmless the Georgia Youth Symphony Orchestra and Chorus, its sponsors, officers, agents, licensees and representatives from any and all liability for delays, injuries, illness or death, or for the loss of or damage to my property, occurring during any portion of, or in relation to this program.

_____ Date _____
Student's Signature

Student's Printed Name

_____ Date _____
Parent's Signature

Parent's Printed Name

All information will be kept strictly confidential in accordance with the Georgia Youth Symphony Orchestra and Chorus Confidentiality Policy.