

Player's Health Information

Hearing is believing



Player's Name _____

Ensemble(s): Youth Orch. Rep. Orch. Wind Orch. String Ens. Youth Jazz Rep. Jazz
Youth Perc. Rep. Perc. A Rep. Perc. B

Father/Guardian

Mother/Guardian

Name _____

Street _____

City/State/Zip _____/____/_____

Email _____@_____

Day-time Phone () _____ - _____ () _____ - _____

Night-time Phone () _____ - _____ () _____ - _____

Cell Phone () _____ - _____ () _____ - _____

Date of last tetanus shot ____ / ____ / ____

Health Insurer: _____

Policy/Group No.: _____

Health Issues including allergies:

Medications/purpose/special instructions:

Medical Emergency Contact(s) (if parents are not available)

Name _____ Home Phone () _____ - _____ Cell Phone () _____ - _____

Name _____ Home Phone () _____ - _____ Cell Phone () _____ - _____

I request vegetarian meals at Frost Valley (Youth and Repertory Orchestra members only) Y N

My child ___ does ___ does not have permission to receive acetaminophen or ibuprofen if he/she requests it from an ESYO staff person or chaperone.

I ___ do ___ do not give permission for my child to receive treatment by a qualified physician in the event of an accident or serious illness, assuming ESYO has made every attempt to contact me. I agree to reimburse ESYO for any such treatment and/or related expenses incurred on my child's behalf during any ESYO event.

I release ESYO, its officers, agents, and employees from any liability related in any way to this authorization.

Signature of Parent/Guardian _____ Date ____ / ____ / ____