

Orchestra Group Travel Medical Release Form

Participant Information

Student Name:

Date of Birth:

School:

Grade:

Home Address:

City:

State:

Zip:

Parent/Guardian Information

Parent/Guardian Name:

Phone (Primary):

Phone (Secondary):

Email Address:

Emergency Contacts

Name:

Relation:

Phone:

Medical Information

Allergies or Medical Conditions:

Medications (list, include dosage & instructions):

Health Insurance Company:

Policy/Group Number:

Physician Name:

Physician Phone:

Authorization & Consent

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I hereby give my permission for the above-named participant to attend and participate in all orchestra group travel activities. In the event of illness or injury, I authorize the adult chaperones to obtain necessary medical treatment as deemed appropriate.

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I understand that all reasonable effort will be made to contact me before such action is taken. I accept responsibility for any expenses incurred in obtaining medical treatment.

Parent/Guardian Signature:

Date: