

CLEVELAND YOUTH WIND SYMPHONY EMERGENCY MEDICAL AUTHORIZATION AND RELEASE FORM

Complete both sides of this form and return by Saturday May 5, 2012.

Student Name _____

Address _____

Age _____ Date of Birth _____ Grade _____

Purpose – To enable parents and guardians to authorize the provision of emergency medical treatment for children who become ill or injured while under CYWS authority, when parents or guardians cannot be reached. Residential Parent or Guardian – **Please include all parent/guardian daytime phone numbers below (i.e., cell phone, pager).**

Parent/Guardian e-mail address _____

Mother's Name _____ Daytime Phone _____

Father's Name _____ Daytime Phone _____

Name of Relative or Childcare Provider _____ Relationship _____

Address _____ Phone _____

PART I OR II MUST BE COMPLETED PART I – TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called in the event of incident in the U.S.:

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Local Hospital _____ Phone _____

Insurance Identification/Policy Number _____

In the event that reasonable attempts to contact me have been unsuccessful or in the event of an incident outside of the United States, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of my child to any reasonably accessible hospital. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Does the student have: (circle YES or NO)

- | | | |
|-------------------------------|----------------------------|-------------------------------------|
| 1. Penicillin Allergy? YES NO | 4. Heart Condition? YES NO | 7. Diabetes? YES NO |
| 2. Asthma? YES NO | 5. Contacts? YES NO | 8. Sulfa Drug Allergy? YES NO |
| 3. Bee Sting Allergy? YES NO | 6. Hearing Loss? YES NO | 9. Other chronic conditions? YES NO |

Please list other chronic conditions: _____

10. Food allergy? YES NO Please list food allergies **and** any special dietary needs (vegetarian, etc.)

11. Special dietary requests? _____

12. Please list any medications that are being taken _____

Please list other facts concerning the student's medical history including allergies, mental illness, and any physical impairments to which a physician or staff should be alerted.

Date _____ Signature of Parent/Guardian/Traveler _____

PART II – REFUSAL TO CONSENT (DO NOT COMPLETE PART II IF YOU HAVE COMPLETED PART I.)

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the CYWS authorities to take the following action:

Date _____ Signature of Parent/Guardian/Traveler _____

Address _____

CLEVELAND YOUTH WIND SYMPHONY RELEASE FORM

Student Name (please print)

Parent/Guardian Name(s) (please print)

I, _____, hereby authorize my son/daughter to participate in the Cleveland Youth Wind Symphony trip to Poland and Hungary, June 20-30, 2012.

We understand that students will follow all rules set forth by the Cleveland Youth Wind Symphony. Rules include, but are not limited to:

1. Students will not consume or otherwise abuse illegal substances, including alcohol and tobacco.
2. Students are not permitted to drive a vehicle while on the trip.
3. Students will act in a professional manner at all times.
4. Students will follow directors and policies of CYWS staff members.

**CONSEQUENCES OF RULE INFRACTIONS MAY INCLUDE
THE STUDENT BEING SENT HOME AT THE PARENT'S EXPENSE.**

_____ (Please initial) I give my son/daughter permission to swim on the trip.

_____ (Please initial) I DO NOT give my son/daughter permission to swim on the trip.

Furthermore, I absolve the Cleveland Institute of Music, its staff, the Cleveland Youth Wind Symphony, its staff, Case Western Reserve University, its staff and all chaperones of liability in the event of an injury or death.

PARENT/GUARDIAN SIGNATURE

DATE _____

STUDENT SIGNATURE

DATE _____

**STUDENT WILL NOT BE PERMITTED TO TRAVEL UNLESS THIS FORM IS COMPLETED AND
RECEIVED BY THE CLEVELAND YOUTH WIND SYMPHONY BY SATURDAY, MAY 5, 2012.**