

CANTON YOUTH SYMPHONY EMERGENCY MEDICAL FORM

Purpose: To authorize the provision of emergency treatment for students who become ill or injured while under Canton Youth Symphony authority, when parents or guardians cannot be reached.

Student Name: _____

Parent/Guardian Name: _____

Address, City, State & Zip: _____

Home Phone: _____ **Cell/Other Phone(s):** _____

Persons to contact in case of an emergency if parent/guardian cannot be reached:

Name: _____ **Relationship:** _____

Home Phone: _____ **Cell/Other Phone(s):** _____

Name: _____ **Relationship:** _____

Home Phone: _____ **Cell/Other Phone(s):** _____

Please list any facts concerning the student's medical history including allergies, physical conditions, medications being taken, special diet etc. which could result in an emergency or to which a physician should be alerted:

PART 1 OR PART 2 MUST BE COMPLETED

Part 1 - TO GRANT CONSENT

In the event reasonable attempts to contact me at the phone numbers listed above have been unsuccessful, I hereby consent for:

1. administration of any treatment deemed necessary by the designated physician or dentist, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and
2. the transfer of the student to the designated hospital or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Preferred Physician: _____ **Phone:** _____

Preferred Dentist: _____ **Phone:** _____

Preferred Hospital: _____

Parent/Guardian Signature: _____ **Date:** _____

DO NOT COMPLETE PART 2 IF YOU COMPLETED PART 1

Part 2 - REFUSAL TO CONSENT

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 those in charge to take no action or to: (list instructions below)

Parent/Guardian Signature: _____ **Date:** _____