

**CIVIC YOUTH ORCHESTRA**  
**Medical Consent Form**  
*Please print information except signatures*

Activity: **2008 Tour Down Under**

Name of student: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
(Legal name as it appears on passport)

Name of parents/legal guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that I am the parent/legal guardian of:  
(Print parent/legal guardian name)

\_\_\_\_\_. I certify that the above named student is covered  
(Print legal name of student)

by health/medical and accident insurance with:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(name of insurance carrier) (policy number) (name of policy holder)

I hereby give my consent for the above named student to participate in the CYO sponsored activity stated above and to travel with an authorized representative of CYO on any trips for this activity. In the event that my child becomes ill or is injured in this CYO activity, the CYO representative is authorized and has my consent to authorize any x-ray, examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and rendered under the general supervision of a licensed physician. However,

\_\_\_\_\_, (\_\_\_\_) \_\_\_\_\_  
(name of physician) (phone number)

should be called, if possible, in the case of injury or injuries to this child.

\_\_\_\_\_  
(date) (signature of parent/legal guardian)

\_\_\_\_\_  
(type or print name of parent/legal guardian)

Specific instructions to attending medical personnel: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please Note:**

We need to be advised if your child has a physical or emotional condition such as epilepsy, diabetes or asthma and **ANY SPECIFIC MEDICATION** that they are taking or have with them. This information will remain confidential. We will not be held responsible if anything is withheld in this regard.

Student Name: \_\_\_\_\_  
(Print legal name as it appears on the passport)

Physical or emotional conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Specific Medications:**

Type of Medicine	Dosage/Frequency	Carrying with them (Yes or No)

May we give Aspirin, Acetaminophen (Tylenol), Ibuprofen (Advil), anti-diarrhea medicine or decongestants if necessary?

Yes: (which ones)

\_\_\_\_\_ No \_\_\_\_\_

In the event of a medical emergency, payment is often required in cash when traveling outside of the United States. To avoid delays in treatment, it is advised that you provide us with a major credit card number and expiration date and authorized signature to be used only in the case of a medical emergency. **This information will be kept in the strictest confidence.**

**The following is authorized for use by the Civic Youth Orchestra, Inc. during the 2008 Tour Down Under, June 25 – July 10, 2008, and only for the purpose of obtaining medical treatment or supplies:**

Type of Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_