

CIVIC YOUTH ORCHESTRA
Non-Performer Medical Consent Form
Please print information except signatures

Activity: **2008 Tour Down Under**

Name of participant: _____ Date of birth: _____
(Legal name as it appears on passport)

Address: _____ Phone: (____) _____

City: _____ State: _____ Zip Code: _____

I certify that the above named non-performer tour participant is covered by health/medical and accident insurance with:

_____, _____, _____
(name of insurance carrier) (policy number) (name of policy holder)

In the event that I become ill or injured in this CYO activity, and unable to authorize my own medical care, 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 non-performer tour participant)

If non-performing tour participant is a **minor** (under age 21 at the start of the tour):

(print name of parent/legal guardian) (type or print name of parent/legal guardian of non-performer tour participant)

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.

Non-Performer Tour Participant 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)

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: _____