



Medical Form 2019 - 2020 Season
(Please complete form in its entirety)

Dear Parents/Legal Guardians,

All participants must have a medical form on file with Douglas County Youth Orchestra.

Participant/Child's name: _____ Age: ____ Birthdate: __/__/____
(MM/DD/YYYY)

Parent(s)/Legal Guardian(s): _____
Home Phone: _____ Mobile Phone: _____ Other/Work Phone: _____

Health Insurance Company: _____

Group/ID #: _____ / _____
Group # ID#

I/we, the parent(s) or legal guardian(s) of _____ (minor), hereby grant my/our permission for the use of emergency medical treatment, provided by licensed medical authority and, in the opinion of such medical authority, if deemed necessary for the health and safety of said minor. It is understood that every attempt will be made to notify me immediately by telephone of any such emergency. I/we understand that I/we are responsible for all expenses associated with any such medical treatment. **I/we expressly agree that DCYO will not be held responsible or in any way liable for the medical care provided by such medical authority.**

Emergency Contacts: In the event of an emergency and I/we cannot be reached, please contact the person named below for instructions. (Emergency Contacts should **not be** the Parent/Guardian listed above and should be a Colorado Resident)

Emergency Contact 1:

Name: _____ Relationship: _____

Home Phone: _____ Mobile Phone: _____ Other/Work Phone: _____

Emergency Contact 2:

Name: _____ Relationship: _____

Home Phone: _____ Mobile Phone: _____ Other/Work Phone: _____

Signature of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Permission to use Audio/Visual Images

Name _____ Instrument _____ I agree to allow pictures of my child to be used for marketing/website purposes.

Yes: ____ No: ____ Date: _____

Parent Name (or student name if 18 or older) PLEASE PRINT Parent Signature (or student signature if 18 or older)